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Parenting and Children





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PARENTING AND CHILDREN

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GINN AND COMPANY

PARENTING
AND CHILDREN



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Dedication

To my husband, Don, our daughter, Dawn, and to all the children who have taught me so much as I worked and played in my role as mother, wife, and teacher.

Helen Gum Westlake

Credits

Design and Production: Martha Ruliffson for Craven Graphics

Cover Design: John Martucci Studios

Photo Research: Deborah Bull

Photographs:

Pp 1–2, Andrew McKeever/EPA; 5, Courtesy Gerber Products Co.; 7, Eddie Rodriguez; 11, Laima Druskis/EPA; 15, Ken Yuskus/Taurus; 17, Mimi Forsyth/Monkmeyer; 18, Michael Gorman; 20, Michal Heron; 22, Michal Heron; 27, Erika Stone; 29, Michal Heron; 31, Alice Kandell/Photo Researchers; 32, Miriam Reinhart/Photo Researchers; 33, Sybil Shackman/Monkmeyer; 34, Harvey Stein; 35, Rhoda Sidney/Monkmeyer; 44, Abigail Heyman/Magnum; 48, Michal Heron; 49, Shirley Zeiberg/Taurus; 52, Bob Combs/Rapho/Photo Researchers; 55, Michal Heron; 59, Peter Vandermark/Stock, Boston; 75, Sybil Shelton/Monkmeyer; 76, Betsy Cole/Stock, Boston; 78, The National Foundation March of Dimes; 80–81, Amy Cotler; 84, Henry Monroe/DPI; 85, Michal Heron; 89, Michal Heron; 94, Christina Armstrong/Rapho/Photo Researchers; 95, Erika Stone/Photo Researchers; 96, James Holland/Stock, Boston; 97–98, Suzanne Szasz; 99, Michal Heron; 100, Doug Magee/EPA; 101, Erika Stone; 104 top left, Eddie Rodriguez; top right, Erika Stone/Photo Researchers; bottom left, Erika Stone/Peter Arnold; bottom right, Courtesy Gerber Products Co.; 105–06, both Michal Heron; 108, Linda Rogers/EPA; 113, Suzanne Szasz; 114, Erika Stone; 119, Alice Kandell/Photo Researchers; 121, Erika Stone/Peter Arnold; 124–25, Michal Heron; 127, Suzanne Szasz; 131, Eddie Rodriguez; 136, Michael Gorman; 138, Eddie Rodriguez; 140, Deborah Bull; 146, David Strickler/Monkmeyer; 149, James Karales/Peter Arnold; 151, Michal Heron; 153, Michal Heron; 158 top, David Strickler/Monkmeyer; middle, Shirley Zeiberg/Taurus; bottom, Michael Gorman; 165, Deborah Bull; 167, Shirley Zeiberg/Taurus; 169, James Karales/Peter Arnold; 174, Suzanne Szasz/Photo Researchers; 175, Peter Vandermark/Stock, Boston; 181, Erika Stone; 182, Suzanne Szasz; 183, Michal Heron; 189, Lew Merrim/Monkmeyer; 190, Rhoda Sidney/DPI; 193, Peter Vandermark/Stock, Boston; 195, Shirley Zeiberg/Taurus; 197, Ann Chwatsky/EPA; 200–01, Michal Heron; 207, Suzanne Szasz; 209, Mel Goldman; 211, Erika Stone; 213, Mimi Forsyth/Monkmeyer; 215, Phiz Mezey/DPI; 217, Laimute Druskis/EPA; 219, Jean-Claude Lejeune/Stock, Boston; 221, Vadnai/EPA; 222, Karen Collidge/Taurus; 228, Michal Heron; 230–32, Michal Heron; 236, Erika Stone; 243, Michal Heron; 246, Michal Heron; 248, Bohdan Hrynnych/Stock, Boston; 253, Suzanne Szasz; 261 left, Eddie Rodriguez; right, Hugh Rogers/Monkmeyer; 263, Suzanne Szasz; 264, Erika Stone/Peter Arnold; 265, Michal Heron; 267, Michal Heron; 276–77, Michael Hardy/Woodfin Camp; 280, Eddie Rodriguez; 282, Suzanne Szasz; 284, Mimi Forsyth/Monkmeyer; 290, David Austen/Stock, Boston; 292, Elizabeth Crews/Stock, Boston; 295, Mel Goldman; 297, Shirley Zeiberg/Taurus; 300, George Zimbel/Monkmeyer; 303, Sybil Shackman/Monkmeyer; 304, Jan Lukas/EPA; 307, Mimi Forsyth/Monkmeyer; 310, Erika Stone; 319, Suzanne Szasz; 323, Michal Heron; 333, Nancy Hays/Monkmeyer.

Illustrations:

Joseph LeMonnier: pp. 61–64, 73.

Joel Snyder: pp. 70–71, 86–87, 93, 103, 130.

Preface

The arrival of a baby starts a chain of interactions between the parents and the child. This interaction is a two-way street. As parents learn more about their child, the child learns more about them. In other words, the parents influence the child, and the child influences the parents.

Parenting and Children was written to give insight into the many phases of childhood and the corresponding phases of parenthood. Children's needs change with growth. Parents need to understand stages of child development so that they can best meet the needs of their children and, in so doing, fulfill their need to feel some measure of parental success.

Unit 1, Parenthood, discusses parenthood as it relates to role, to theory, and to society's responsibility for children. It stresses the great importance of the parenting role.

Unit 2, Infancy, stresses the needs of the infant. The first few months of life are of extreme importance because they are the foundation upon which the new life will be built. Both physiological development and psychological growth of the infant are examined.

Unit 3, The Preschool Child, emphasizes that these early years lay the foundation for the child's personality, life style, philosophy, and character. The self-concept that a child perceives from those in his or her environment will be carried with him or her into maturity. Children are individuals. Students are asked to recognize the interaction among the physical, motor, emotional, social, and intellectual developments in settings within the family and outside the family. Focus is on the relation of concepts and on the individuality of each child.

Unit 4, The School Age Child, spotlights the importance of the peer group, the development of values and goals, plus the cementing of character traits. It recognizes that each type of development is ongoing and not tied to any one age, but that some developments do peak at particular ages. Consequently, schools should recognize that each child has his or her own rate of development and ability to meet school demands. Some children succeed where others fail.

Unit 5, Special Needs, recognizes that children and their parents have special needs during the adolescent years. Adolescents need encouragement in independence. They need to be involved in self-discipline. They need to take responsibility for their own behavior. This section also strives to recognize that children face crises. Childhood is filled with challenges and crises. These crisis situations demand different explanations depending upon the child and upon the age of the child. This unit also strives to help parents recognize that they are not alone in the parenting role. There are agencies to help parents with normal needs and with special needs. Parents have support from the society. Society is made up of parents and children and their relationships. In the words of Wordsworth, "The Child is father of the Man."

Contents

UNIT 1 PARENTHOOD

1	Parenthood: A Responsibility for All of Us	2
2	Parenthood: The Role of Mom and Dad	14
3	Parenthood: What Do the Theorists Say?	24
4	Parenthood: Training Programs	43
5	Parenthood: Prenatal Development	58

UNIT 2 INFANCY

6	Infancy: The Newborn	82
7	Infancy: Physical Development	91
8	Infancy: Intellectual-Emotional Development	111

UNIT 3 THE PRESCHOOL CHILD

9	Preschool Child: Physical Development	126
10	Preschool Child: Intellectual Development	144
11	Preschool Child: Emotional Development	163
12	Preschool Child: Social Development	180

UNIT 4 THE SCHOOL AGE CHILD

13	School Age Child: Physical Development	202
14	School Age Child: Intellectual Development	226
15	School Age Child: Moral Development	240
16	School Age Child: Social Development	258

UNIT 5 SPECIAL NEEDS

17	Special Needs: The Adolescent	278
18	Special Needs: Children and Crises	289
19	Special Needs: Sex Education	314
20	Special Needs: Agencies Working for Children	326
	Glossary	334
	Index	348

PARENTING AND CHILDREN





UNIT 1 PARENTHOOD



1 Parenthood: A Responsibility for All of Us



"Look, kid, we're aware of the problems besetting our society. We're working on them."

Reprinted by permission of Ed Fisher. From *Saturday Review*, © 1970.

We Are All Parents

Whether we are parents or not, we are all responsible for the next generation. Almost every decision we make in our communities affects our children. The children of a society are its most precious resource. If the welfare of children is ignored, the future of the society is ignored.

Parenting

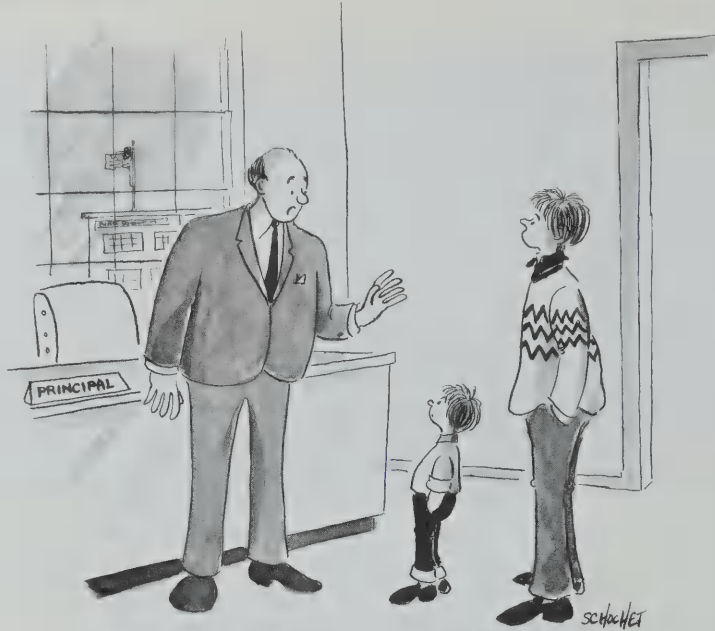
Parenting, as defined by Armin Grams, is a function shared by all individuals and organizations concerned with the development of children.¹

The many people who interact with children are parents in the broadest sense of the term. We are all responsible for the growth and development of children. In order to understand this parenting relationship, think of the many people who have played a parenting role in your own development. Think of the person who taught you to ride a bicycle. Think of the peer, same-age friend, who reminded you to wear a coat on a sunny, but cool spring day. Think of the neighbor who told you to go home when it was getting dark, the police officer who helped you cross a busy intersection. All these people were performing a parenting role. All of them were concerned with your welfare. Their interaction with you affected your development. Some of them, of course, had a more profound effect on you than others.

Institutions that give direction or suggest approved behaviors also act as parents. Schools, for example, play a great role in your development. Religious groups, girls' clubs, boys' clubs, the scouts, the 4-H, FFA, FHA/HERO, and family service groups are just a few of the many organizations that play a parenting role. In addition, the media play a parenting role. Radio, television, books, magazines, and newspapers expose children to new ideas, role models, and patterns of behavior.

We parent ourselves, too. When we frown or smile at ourselves in the mirror, we are parenting ourselves. How often have you told yourself no? How often have you encouraged yourself? Given yourself a reward? Certainly learning to discipline yourself and to conduct your own affairs is maturity. The mature person takes the parenting process and applies it to himself or herself. This internalization of the parenting tasks moves one from childhood to adulthood.

1. Armin Grams, "Parenting: Concept and Process," *Parenting* (Washington, D.C.: Association for Childhood Education International, 1973), p. 1.



*"This is your father? On second thought,
maybe you'd better bring your grandfather."*

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Parent Education

Parent education refers to training for the responsibilities of parenthood. Formal training in this subject has been traced as far back as 1815.² In recent years parent education has been incorporated into child development courses and family life courses. Today, parent education is itself a special course of study.

Parent education should:

1. discuss ways of guiding children's behavior
2. explore the effects children have on each other
3. develop the skills necessary to communicate with children
4. identify personal value systems and recognize their impact on parent/child relationships
5. provide supervised interaction with young children
6. recognize the commitment necessary to be a parent

2. O.G. Brim, Sr., *Education for Child Rearing* (New York: Russell Sage Foundation, 1959).

The goals of parent education are to expose parents and potential parents to the skills that will make them more effective in their child-rearing and to aid them in their attempts to transmit values to their children.

Basic Guidelines for Parenting

Love. The most important task is to love and really care about children. This gives children a sense of security, belonging, and support. Parental love should be constant and unconditional, that is, always present. Children should understand that when they misbehave, you dislike their behavior, but you still love them. Parents should be open in expressing and showing love. They should let their children know that they are loved for their own special qualities.



Discipline. Discipline is setting and adhering to standards of behavior. Discipline is to educate. Parents need to give clear directions and enforce limits on a child's behavior. It is best to use a positive approach by saying, "Do this," rather than "Don't do that." Be firm by "saying what you mean and meaning what you say." Some additional qualities of constructive discipline are: to be consistent, to be clear, to administer punishment in private, to be reasonable and understanding. Consistency is all-important in discipline. Rules that are not meant to be enforced should not be made. As a child reaches the age of reason, discipline becomes a lesson in guidance. It is easier and really fun to bring up children who know what they can and cannot do as well as what they should and should not do.

Spend time together. Spend lots of time together. Play for enjoyment. Spend time talking. Establish a meaningful dialogue. Spend time teaching your child the skills that you use to keep your home, property, and possessions in order.

Encourage family activities. Family spirit and a sense of belonging are developed by doing things together as a family. Have regular family outings and special family dinners. Spend holidays together. Go to religious, social, and sporting events together. Children do not need things nearly as much as they need activities together with a parent.

Tend to personal and marital needs. Personal adjustment is an important prerequisite to effective childrearing. A household in which love is openly expressed is a household in which children flourish. Verbalizing love to one's children is not enough. Parents should make every effort to let children see warmth and tenderness in their marriage. Parents should let their children know how delighted they are when their spouses enter the house. The morning greeting and the good-night kiss set examples which encourage the same kinds of affection in the minds and hearts of children. A husband and wife are more apt to be very successful parents when they give their marriage first priority. Happy parents whose roles are clearly and lovingly defined are more apt to have happy children. Child-centered households produce neither happy marriages nor happy children.

Marriage and family relationships are never static. They are always in a state of flux. Just as marriage partners learn to adjust to each other and put their hopes and dreams together, the family unit usually changes. Thus for each stage of the family life cycle new challenges and new tasks are forthcoming. Of course, the successful completion of the previous tasks makes it easier to attack the new ones and the additional ones. The couple who has successfully created a sense of closeness and a sense of direction in their marital adventure is certainly more prepared to take on the responsibilities of parenthood than the couple who has to solve all the



tasks of couplehood along with all the tasks of parenthood. Most of us have only a limited number of tasks that we can tackle at one time.

Teach children basic values. Actively teach children right from wrong. Children should be made aware of proper values—behavioral, financial, and social. Socialize children through the assignment of chores and responsibilities at home. Insist that children treat others with kindness, respect, and honesty. Emphasize table manners and other social graces in the home. Set personal examples of moral courage and integrity. Discuss moral values with your children. When children stray, communicate in a manner that encourages them to listen. Children need to know where their parents stand. Children have to be taught right from wrong, respect for others and their property, and respect for older people.

Develop mutual respect. All family members need to treat each other with respect. This respect can be shown by politeness. Apologize to a child when you are wrong. Show an active interest in children's books, TV shows, and activities. Be interested in a child's friends. Be honest and sincere with children at all times. It is very important to follow through on

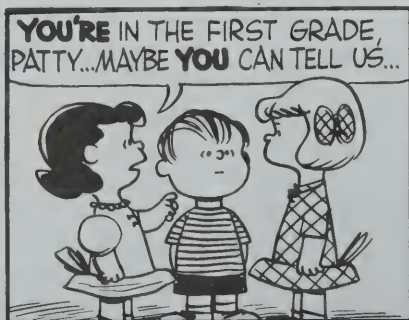
any promises made. It is also important to show basic trust in a child's character and judgment. A child feels respected when thought of as an individual. Never compare one child to another child.

Parents should also insist on respect from their children. Parents have a right to individuality and should cultivate their own interests and talents. It is very important for the child to have a parent who does particular parenting tasks, but he or she also needs to see the parent as a person. For example, the child might say, "My Mom or Dad reads stories to me, cooks for our family, plays the piano, sells real estate, and likes to play golf in the city competitions."

Offer guidance that fosters growth. When children come for guidance with their problems, help them by thinking through the problem with them. Children need to understand that you are willing to discuss problems. Before offering them solutions, expect them to think about the problem. Ask them to come up with some possible solutions. Children need gradual growth toward independence. They need more and more freedom or control over their own lives. Allow children to make decisions regarding minor matters first. Then gradually expand the areas of decision making. Teach them the value of truthfulness.

PEANUTS®

By Schulz



Home and School

The family and the school need to be co-workers in the education of children. Children need to respect their schools and their teachers as well as their homes and parents. Parents need to have a positive attitude toward education. They need to encourage their children to study. Parents can become a part of this process if they appreciate learning. There must be mutual respect if parents and teachers are to cooperate and communicate effectively. Teachers will have to respect the ideas, ideals, and hopes of parents. Parents will have to respect the objectives, efforts, and philosophy of teachers. Jealousy for the possession of the child has to be resolved. The child is a precious member of the family and a precious pupil of the school.

Parents who as children found school a battleground where defeat was common often see the school as an enemy. These parents may let their old perceptions of and conflicts with the school interfere with their children's education. Teachers need to recognize this fact. By sharing their concerns, hopes, and dreams for the school and its students with the parents, teachers can change parents' feelings about the school. In order for the school and the home to be supportive of each other, they will need to speak a common language.

Influences of Family Membership

Family members affect each other. Change in one family member will produce change in another. Parents who enjoy each other and relate pleasantly to each other create an atmosphere that is absorbed by the children. A disagreement between the parents will affect the children. Every disagreement between family members invites those not involved to offer consolation, to take sides, or to be the mediator.

A close wife-husband relationship may exclude the children just as a close father-child or mother-child relationship may exclude the spouse or another child. For example, a new child in the family may make the father feel displaced if the mother objects to joint care of the child or is so anxious in meeting the child's needs that she neglects her husband. Family relationships can also be altered when either spouse gives too much time to a career or a hobby.

Changes in the lives of any of the family members affect the family unit. Improvement in one situation may cause deterioration in another. In other words, the solution to one problem may pose new problems. For example, Mrs. Jones may be very happy with her promotion and its

financial rewards, but the new position may mean that she must travel frequently. Mr. Jones and the children are going to have to adjust their way of life to the fact that Mom will not be at home as often. The same set of adjustments would occur if Mr. Jones started traveling. Promotions can be positive in one respect and negative in another, depending upon the family. Family life may also be affected by institutions. When a child goes off to school for the first time, family routine and roles may be altered.

A Way to Understanding—Empathy

Having recognized that the family's degree of success in performing its functions influences, in one way or another, the future of our society, the question now is how to perform this essentially psychological function successfully. Under what circumstances can we give our children the sense of well-being and security that they so desperately need and of which we are the principal providers? The answer lies in our ability to empathize.

Empathy is defined as one's capacity for participating in another's feelings. It is not, however, an emotionally based condition but rather one in which a person actually knows, often through experience, the feelings of another. To empathize is to bring to bear a real insight into the problem of someone else and not merely an emotional tenderness devoid of understanding or knowledge.

Empathy is akin to sympathy, but whereas sympathy says, "I feel as you do," empathy says, "I know how you feel." Empathy enables us to use our heads rather than just our hearts. When you sympathize with someone in trouble, you catch and reflect some of his or her suffering. Your anxiety in turn may increase his or her distress. But when you employ empathy you bring to bear a detached insight, which may be of far greater help. Empathy does not exclude sympathy but uses insight rather than emotion as its guide.

Empathy is vital to a parent-child relationship. The family may be likened to a team of mountain climbers. On such an expedition all the climbers are roped together. Let us suppose that one loses his or her footing, slips, and falls to the ledge below. The rest do not help by jumping down after him or her but rather by making their footing more secure and hauling him or her back up. This is the kind of effect that is involved in empathizing; understanding someone else's position and using your own knowledge and experience to help him or her. Feeling sorry for the person or going down with him or her in despair does not fulfill his or her needs. As an empathizing person, you have the advantage of objectivity, in spite

of your ability to partake of another's feelings, and it is these two seemingly incongruent conditions that make empathy such a vital part of any relationship.

If one has not experienced or does not have knowledge of another's situation, perhaps the next best course to empathic understanding is good listening. The desire for human communication is very deep and strong in all of us. Often, when we communicate our day-by-day thoughts and



concerns, the talk is an effort to rid ourselves of an emotion that has been plaguing us. As good listeners, however, we must be absolutely selfless. Listening is the one way for us to achieve at least some degree of empathy for another's situation and not a way for us to air our own problems, which is often a great temptation.

As a listener we also provide an outlet for people who may be deeply troubled and we may actually be a modifying force. When people are upset, they build things up in their mind to an unreasonable degree. Their imagination and emotions get the best of them. It is one thing for someone to say to himself or herself, "I'd like to kill him," and quite another for him or her to say it out loud to another person. When people get to the point of actually verbalizing whatever is bothering them they have a tendency to modify their thoughts. As a listener, then, we can have a modifying or calming effect on a troubled person. In addition, the troubled person may gain more insight into the nature of his or her problem and may find some new solutions.

Importance of Listening

In a high school class where family relationships were being studied, students were asked to develop techniques for improving family relationships. One high school boy handed in the following example:

"Last Saturday Dad and I were cleaning the garage. He was grouchy and quick tempered. Everything I did was wrong.

"Finally I stopped and said, 'Dad, you're feeling awful! Are you having trouble at work?'

"Then he loosened up and told about an accident for which he felt he was responsible. After he had finished telling me what happened, he decided that it actually hadn't been his fault. He became a lot more cheerful, and we finished the garage in record time."

A girl wrote,

"I was going home with Mother after work. She seemed very anxious. I realized this by the way she drove the car. She would step on the gas and then the brakes quite abruptly.

"I was a little apprehensive so I said, half jokingly, 'What's wrong, Mom? Had a fight with the boss?'

"She surprised me by saying, 'Yes. How did you know?'

"I decided I had better not try to explain, so I just said, 'Oh, I don't know.' She then told me all that had happened. By the time dinner was ready and Dad came home, she was calmer."

QUESTIONS

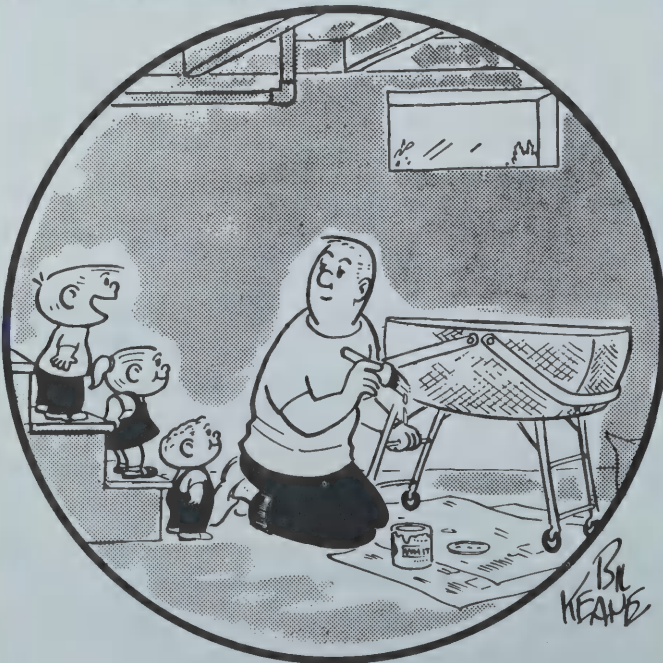
1. Give five examples of parenting done by you or a friend today.
2. Give the parenting role of: a police officer, a store clerk, a friend, the church, the park district.
3. How can the parent-child relationship be improved by educating adults for parenthood?
4. Give examples in your life of each of the basic guides for parenting.
5. Collect examples of home and school working together from newspaper articles, magazine pictures, and radio or T.V. programming.
6. Why do parents and teachers have to learn to work together to educate their children?
7. Give examples of how change in one family member produces change in another.
8. Give an example of a relationship in your family that you helped to improve by listening.

OTHER READING

- Bernhardt, Karl S. *Being a Parent: Unchanging Values in a Changing World*. Toronto: University of Toronto Press, 1970.
- Dreikurs, Rudolf. *The Challenge of Parenthood*. New York: Hawthorne Books, 1948.
- Harrison-Ross, Phyllis, and Wyden, Barbara. *The Black Child: A Parent's Guide*. New York: Peter H. Wyden Books, 1973.
- Haman, William E. *Child Sense: A Guide to Loving Level-Headed Parenthood*. 2d ed. New York: Basic Books, 1977.
- Schaefer, Charles. "Raising Children by Old-Fashioned Parent Sense." *Children Today*, Nov.-Dec., 1978.
- Winnicott, D. W. *The Child, the Family, and the Outside World*. New York: Penguin Books, 1964.

2 Parenthood: The Role of Mom and Dad

THE FAMILY CIRCUS



"A new baby? Let's tell Mommy!"

THE FAMILY CIRCUS by Bill Keane reprinted
courtesy of The Register and Tribune Syndicate, Inc.

The Child: An Individual

When a child is born to us, we become that child's parents. There is no real way to prepare for parenthood. There is no period in which parents can test out a new baby. They can prepare a room. They can prepare for the extra costs of adding another member to the family. But they cannot experience the changes that a baby's birth will bring until the baby is born.

When a baby is born the birth is final. There is no return and no exchange. Parents cannot reject some part of the child. Each child needs to be accepted completely. Total acceptance means that we accept the child's sex, physical characteristics, social responsiveness, limitations, and intellectual abilities.

Parents often have ideas of how their child should be. Many of these ideas are based upon how parents view themselves. The parents' likes and dislikes, however, may center on characteristics that are out of the range of their children. One parent wants a boy, another a girl. One parent wants a certain look, certain personality, or certain intellectual or physical capabilities. A perfectly normal child is born, but sometimes it does not fit the pattern desired by one or both parents.

Parents need to realize that each child is a unique individual. They need to understand that a child should not be compared to any other person.



Myths of Parenthood

Parenthood is fun. The truth is that parenthood is exciting as well as interesting. To call parenthood fun is a serious error. The idea that something is fun implies that you can take it or leave it. Parents do not have this choice. Fathers and mothers must stay with the child whether it is fun or not. Parenthood is a great responsibility. Once you have taken on the responsibility of parenthood you cannot quit when you feel like it.

Parents need to consider how they will raise their children to be competent adults. They may become experts in caring for their child's nutritional and medical needs, but this in itself is not sufficient to produce adult competency. They must realize that they are responsible for educating the child in those areas most relevant to successful family life.

IT'S ALL IN THE FAMILY By Stanley and Janice Berenstain



Then, if you decide to keep it, the rental goes toward the purchase price.

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Children are cute, innocent, and sweet. This is often true, but not always true. Children can be very challenging to their parents. Love for children and acceptance of their behavior has to be guided by knowledge and insight. The cute behavior of a three-year-old may be obnoxious in the six-year-old. Thus, parental response needs to be tempered with insight and self-control.

Parental Responsibility

The law in most states says that natural and adoptive parents are responsible for their children until the children reach legal adulthood. In other words, parents are responsible for their children for eighteen to twenty-one years. It is not true, of course, that parents can never quit because some of them do. Public disapproval of child neglect is strong in our society. The courts symbolize this by their attitude toward parents who do not fulfill their obligations as fathers and mothers.

Parents are asked to produce children who will not only replace them, but who will be better than them. Parents face the problem of giving their children more education than they themselves have had. It will not be enough for the children to go through junior high school and part of high school. The minimum educational requirement for almost any job is a high school diploma. This is a sobering thought. It is not enough for parents to produce carbon copies of themselves. Parents are being asked to do what some of the new copying machines are supposed to do—turn out copies better than the originals.



Needs from a Home

A child can no more flourish in a home stripped of love and care than a green plant can flourish in an environment without sun and water. In order for children to learn to love others and accept themselves, they must develop in an atmosphere in which there is love and acceptance. The adult presence needs to be felt. The adult needs to interact with the child. For example, when the child draws a picture, the child needs an adult who says, "Tell me about your picture. I like the colors you used." The child needs an adult who encourages him or her. "I like the way you put away your toys." "I saw you throw the ball high into the air." "I enjoyed listening to you tell about your day at school." Statements such as these make the child feel that his or her efforts are really appreciated.

Parents must also make every effort to know and understand their children. Open communication is vital. One of the main reasons for conflicts between the generations is the lack of communication. Parents must sort through many issues with their children. Some important questions that both parents and children need to consider include: Do we accept ourselves? Are we capable of loving and receiving love? Do we dare to face ourselves? Can we face both joy and sorrow? Do we relate well to others? Do we know how to relax? Do we know how to express ourselves with sensitivity and use our imaginations?



Specific Tasks of Parenthood

The childbearing period takes the married couple from the relationship they have developed as a pair through the process of adjusting to the realities of parenthood to the state where they feel settled and established as a family. When the parents have been launched into an era of joint responsibilities and mutual interdependence, they can experience their strength as a family. The chart below shows some of the basic tasks for which parents are responsible.

PARENTAL RESPONSIBILITIES

1. to reconcile conflicting concepts of mother and father roles
 2. to provide the children with physical and emotional care
 3. to provide financially for the family
 4. to reorganize work and recreation in terms of the needs of the total family unit
 5. to reorganize family routine to meet the changing needs of growing children
 6. to provide the children with opportunities for growth within the limits of family resources and the physical plan (i.e., balance children's needs for exploration with protection of family investments, etc.)
 7. to recognize and meet their own growth needs as individuals through creative use of resources within and outside the family
 8. to enjoy the rich satisfaction of parenthood and use it for the enhancement of the marriage
 9. to maintain a companionable, creative partnership through confiding, reassuring, mutually supporting roles
 10. to continue developing the problem-solving process through democratic interaction
 11. to provide for continued participation of the family members in community life through active identification with church, citizenship, etc.
-



Understanding Children's Stages

The tasks of parenthood vary with the child's stage of development. Often just as parents are able to cope comfortably with one stage of development, the child passes out of that stage into another which has an entirely new set of needs. The personality and experience of the parent frequently aids him or her in coping with a particular stage, but a new and different stage can be a grave challenge. For example, some people feel a sense of power and importance when tending to the needs of a newborn. These same individuals may feel threatened, confused, and inept when trying to cope with a strong-willed toddler. Fortunately, most parents quickly learn how to handle the challenges parenthood presents. With each stage of child development, a parent usually progresses from ineptness to aptitude quite rapidly.

Family Changes

Family composition has changed. One out of six school children now lives with only one parent. About one in eight children lives with a remarried parent. Two out of every five children born in the 1970s will live in single-parent families for some part of their childhood. More than half of all school children have mothers who work outside the home and are not home after school.

Families are only half as large as they were when the United States was young. In 1790, the average household had nearly six members. Today, the average household has fewer than three members. Since “average household” is a census category that includes people who live alone, here is a more family-based way to look at it. In 1800, the average woman had seven children, five of whom survived. Today the average woman has two children, both of whom survive.

Psychologists agree that children from small families do better in life than those from large families. Apparently, children in small families get more time and attention from parents. This extra advantage results in higher verbal skills and thus higher I.Q. scores.

Care of Child and Home

Child care and home care can be more creative, make a greater contribution to the world, and bring more pleasure to family members than nine out of ten other jobs. Fortunate is the family in which the parents think of child care and home care as their primary career, whether one or both of them have outside jobs in addition. They realize that the enduring satisfactions in life come not from position and money but from loving relationships and shared activities.

In the past, it was always mothers who stayed home, whether they wanted to or not. Now many mothers work outside the home. Now some fathers feel free enough from convention to decide they would like to be homebodies, at least while their children are young. Mothers have as much right as fathers to an outside career if they want one. Fathers have as much responsibility as mothers for the care of the children and the home.

The career of parenthood is truly creative. Both mother and father shape the characters of their children just as definitely as the sculptor shapes the statue, the architect designs the building, or the author writes the novel. It is not just their manners and interests that parents transmit to their children. It is every aspect of their own characters, their ideals, their

lovingness, their steadfastness, their honesty, their ambition, their intelligence, even their sense of humor—as well as some of their problems.

The experience of parenthood can also be a constructive one in that it can be a step in maturation and personality growth for the adult. Child-rearing presents parents with many new and exciting challenges. It also presents many difficult and trying times. These experiences influence parents' feelings and insights about themselves and the world around them.



QUESTIONS

1. Give an example of how a parent might be effective in his or her role at one stage of a child's development and ineffective at another stage.
2. How do the preconceived ideas of parents affect their children?
3. How might the myths of parenthood affect parenthood?
4. What are some of the responsibilities of parenthood?
5. How do children learn to love others and accept themselves?
6. Why might a father be better at child care than a mother?

OTHER READING

Billar, Henry, and Meredith, Dennis. *Father Power*. New York: David McKay Co., 1974.

Blaine, Graham B. *Are Parents Bad for Children?* New York: Coward, McCann & Geoghegan, 1973.

Braga, Joseph, and Braga, Laurie. *Growing with Children*. Englewood Cliffs, NJ: Prentice-Hall, 1974.

Gardner, Richard. *Understand Children*. New York: Jason Aronson, 1973.

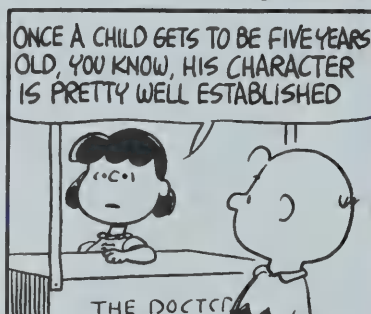
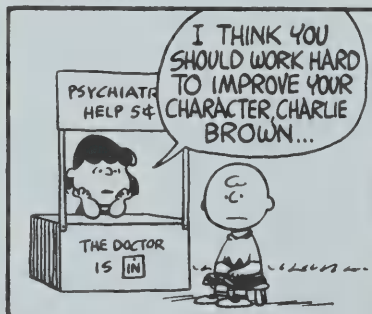
LeMasters, E. E. *Parents in Modern America*. 3d ed. Homewood, IL: Dorsey Press, 1970.

Narramore, Bruce. *Help! I'm a Parent*. Grand Rapids, MI: Zondernan Corporation, 1972.

3 Parenthood: What Do the Theorists Say?

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By Schulz



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The parent-child relationship is affected by many factors that continuously interplay. The knowledge parents have about the needs of a child affects the way they guide a child. Their sense of self-worth, that is, how they feel about their roles in life and their roles as parents, also influences the relationship. Their attitudes toward children, and their expectations for a child's behavior affect the child, as well as their treatment of the child. The parent is not the only one who influences this relationship. The child, too, plays a major role. His or her personality, abilities, and interests significantly affect the relationship.

The Field of Child Development

The field of child development is concerned with the growth and development of an individual from birth through adolescence. It asks the questions, "What is human? How should human beings be treated by their fellow human beings? What is the unique relationship between parent and child? Is human behavior essentially self-directed or is it essentially determined by other forces? How can parents best help their child grow and develop?"

These human development questions are examined from many viewpoints. Biologists, psychologists, sociologists, educators, medical doctors, philosophers, and the clergy have various approaches to the study of how children develop.

There Are Many Theories

How do the experiences of childhood influence our adult lives? No single answer to this persistent and vexing question has ever been accepted by the leading thinkers in child development. There are many theories on how children's early experiences influence their adult lives. Each theory emphasizes different factors and considers certain life experiences to be more important than others. Nevertheless, each theory contributes to our understanding of the influences of childhood on adulthood and each one gives us added insight. Whether or not we personally agree with a particular theory is a different matter.

The following theories illustrate the ways psychologists have thought about behavioral development. The three psychologists we will focus on are Erik Erikson, Jean Piaget, and Arnold Gesell. These individuals have proposed theories which have become highly influential. However, there are other theorists who have also organized facts into equally interesting principles and theories. It is important to keep in mind that all theories

have their shortcomings. The ones we present are included for their historical and contemporary significance.

Psychosocial Theory (Erik Erikson)¹

The psychosocial theory of Erik Erikson divides the life cycle into eight stages. Erikson, a developmental psychologist, feels that the personality develops continuously throughout the life cycle. As the individual grows, he or she becomes more and more aware of his or her environment. The stages according to Erik Erikson's theory are these.

1. Infancy — Trust vs. Mistrust
2. Early Childhood — Autonomy vs. Shame and Doubt
3. Play Age — Initiative vs. Guilt
4. School Age — Industry vs. Inferiority
5. Adolescence — Identity vs. Role Confusion
6. Young Adulthood — Intimacy vs. Isolation
7. Adulthood — Generativity vs. Self-Absorption
8. Old Age — Integrity vs. Disgust



Drawing by David Pascal; © 1979 The New Yorker Magazine, Inc. Courtesy of *The New Yorker*.

1. Discussion of Erikson's theory adapted from David Elkind, "Erik Erikson's Eight Ages of Man," *New York Times Magazine*, April 5, 1970. © 1970 by The New York Times Company. Reprinted by permission.

Each of these stages is an equally important part of the continuum of development. In the study of child development, an understanding of the total span of development is essential, particularly since the caring adult is dealing with his or her own developmental tasks while influencing the child's development. The common thread in all eight stages which Erikson defines is that a new level of social awareness and interaction becomes possible for the individual.

Discussion of Erikson's Stages

Erikson intentionally prefaces his descriptions of each stage with the phrase "sense of" because it is the feeling of having achieved or failed to achieve a sense of trust, autonomy, or any of the others that is the determining factor for development in the next stages. Each stage has the possibility of a positive or negative outcome. Failures, however, at one stage may be rectified by successes at later stages.

Infancy – Trust vs. Mistrust. The infant's first task is to develop a sense of trust. This occurs if the environment provides the basic physical and psychological needs. The child who is warm, fed, cuddled, and who



can count on his or her needs being met develops a sense of trust. The child whose needs are neglected or whose parent is not regularly meeting his or her needs develops a sense of mistrust. Thus the degree to which a child comes to trust or mistrust others depends to a great extent on the quality of care he or she receives.

In a course on child development, one mother, who was intrigued with Erikson's theory of personality, recalled the different experiences her two children, Earl and Alice, had as babies and preschoolers. She began with experiences that affected the sense of trust. She put a plus sign before a positive experience and a minus sign before a negative one.

Earl

- Earl was born in a busy hospital and fed on a rigid four-hour schedule. He cried a great deal. I decided it was from hunger.
- + After leaving the hospital, I fed Earl more often and he prospered.
- + My husband was especially happy that the baby was a boy. He gave him much attention, and helped him avoid painful experiences, such as falling when he first began to walk.
- A neighborhood boy bullied Earl and the mother of the “bully” did not try to help the situation.
- A big, aggressive dog in the neighborhood got loose frequently and scared Earl badly a few times.

Alice

- + Alice was born in a hospital providing “rooming-in” facilities. Her needs were attended to immediately.
- A bad ear infection at 3 months made Alice fearful. She needed extra attention. (Receiving extra attention was positive in this negative experience.)
- I had to have an operation when Alice was 10 months old. (This is a period when babies are distinguishing between the mothering figure and others.)
- + Alice had unusually good preschool experiences with both children and adults. I stayed with Alice until she felt safe and happy in the preschool and announced one day, “Go home, Mommie.”
- + For Alice, the big dog had not been a problem because the family had moved.



Early Childhood – Autonomy vs. Shame and Doubt. In the second stage, from two to three years, the child discovers new motor and mental abilities. If the parents recognize that the child needs to exercise his or her capabilities at his or her own pace, the child will develop a sense of autonomy or self-reliance. If the parents ignore or discourage this stage, the child will begin to doubt himself or herself and feel shame.

Mrs. R. then listed experiences that affected the sense of autonomy.

Earl

- + Earl could get his father's attention easily. This gave Earl a feeling that he was a worthwhile person.
- + My husband and I let Earl choose what he ate and the amount. This made Earl feel that he had some power to make decisions.

Alice

- When Alice's appetite was fairly well satisfied, she wanted to try to feed herself. The woman taking care of her while I was in the hospital couldn't stand the messiness of it. Alice couldn't assert herself so that she could try out her ability to feed herself.
- + Alice learned to talk early and Mrs. M. helped her name countless things.

Earl

- My husband and I both felt a need to push toilet training. Earl was big for his age and above average in intelligence. Earl was considerably annoyed about it. It became a minor battle in the family.
- My husband and I fell into a habit of saying “no” a great deal to Earl because he was so active, strong, and adventuresome. Not until my mother called attention to it did we realize how negative we had been. We could have used distraction some of the time.

Alice

- + Alice was toilet trained early and easily. However, at three and one-half years of age she had numerous wetting accidents. I talked about it with the preschool teacher who understood Alice. The teacher suggested that I tell Alice that it was Alice’s responsibility and that I was not going to say anything about it. Alice gloried in being able to stay dry on her own. I had to comfort her one day when she failed herself.

Play Age – Initiative vs. Guilt. In this stage, from ages four to five, the child’s imagination is greatly expanded because of the increased ability to move around freely and to communicate. Thus the child initiates fantasy, as well as motor and language activities. This is also the stage when feelings of guilt and anxiety arise. If parents ridicule the child’s activities, the child will develop a sense of guilt.

Mrs. R. found it a little harder to recall experiences which affected sense of initiative and imagination.

Earl

- + My husband praised Earl’s block building. When Earl seemed receptive he would add an idea or help him to balance blocks about ready to tumble.
- + At preschool the teacher helped Earl play at being a filling station attendant. She gave him a rag and said that the filling station man put it in his back pocket and used it to wipe off oil. The next day Earl told the teacher that he had been at a filling station and the man had a rag in each of his back pockets, so he had to have another rag. He also asked to have water in the machine oilcan so he could pretend that it was oil. More items and ideas were added later.
- The bully in the neighborhood made Earl play the way he wanted to play. Earl never had a chance to use his ideas.

Alice

- + When Alice showed me her crayon scribbles I would remark about how pretty the red (or another color) was. I didn't expect Alice at her age to produce anything.
- + Alice spent considerable time putting her dolls in chairs at the table and pretending to serve them sandwiches and milk. I usually tried to leave this arrangement alone and not put things away.
- + Alice became interested in letters of the alphabet and asked me what certain ones were. I wasn't sure whether or not I should encourage this. I had heard some teachers say that reading should be left to the schools, but I helped Alice and didn't push her.



School Age – Industry vs. Inferiority. The child between the ages of six and eleven wants to learn how to do and make things with others. In learning to accept instruction and to win recognition by producing things, the child opens the way for the capacity of work enjoyment. Thus the child develops a sense of industry. If the child does not receive recognition for his or her efforts, he or she may develop a sense of inadequacy or inferiority. For example, parents who regularly see their child's efforts at making and doing as simply "making a mess," help to encourage in the child a sense of inferiority. When parents frequently praise their child for his or her efforts and show interest in his or her projects and school work, they encourage in the child a sense of industry. A child's balance between industry and inferiority is affected by the school experience, as well as the home experience. The child who succeeds in his or her academic efforts generally has his or her sense of industry reinforced.





Adolescence – Identity vs. Role Confusion. During the ages of twelve to eighteen, the adolescent years, the child's body grows rapidly. Sexual maturity at this stage forces the young person to question old roles and seek new identities. The major task at this stage is to integrate childhood identifications and new biological drives in new social roles. The training of childhood needs to be translated into the behavior of adulthood. The danger at this stage is that identity of the new adult role may become confused, keeping the young person from attaining the level of maturity needed for competent adulthood.

Young Adulthood – Intimacy vs. Isolation. Only as a young person begins to feel secure with his or her identity is he or she able to establish intimacy with others. The intimacy is in friendship and eventually in a love-based, mutually satisfying sexual relationship. A person who cannot enter into an intimate relationship because of the fear of losing his or her identity may develop a sense of isolation.



Adulthood – Generativity vs. Self-Absorption. Generativity has been defined as concern for people beyond the immediate family group. Lack of this concern may result in self-absorption, or making personal needs one's primary concern. This stage constitutes middle age. The middle-aged adult may be interested in establishing and guiding policies to make life better for future generations or may be lost in self-absorption, with a sense of stagnation.

A sense of generativity is not restricted just to parents. Any individual who is interested in the welfare of young people and is active in making the world a better place in which to live demonstrates generativity.

Old Age – Integrity vs. Disgust. The person who has adapted to the triumphs and disappointments of his or her generative activities reaches the end of life with a certain ego integrity. Ego integrity results from an individual's ability to look back on one's life with satisfaction. Without this sense of ego integrity, one looks back on life with a sense of despair, usually marked by displeasure and disgust. For example, a person who looks back upon his or her life as a series of missed opportunities may feel a sense of despair. He or she realizes that there is no time to start again. The person who feels content and satisfied with his or her life, on the other hand, feels a sense of integrity.

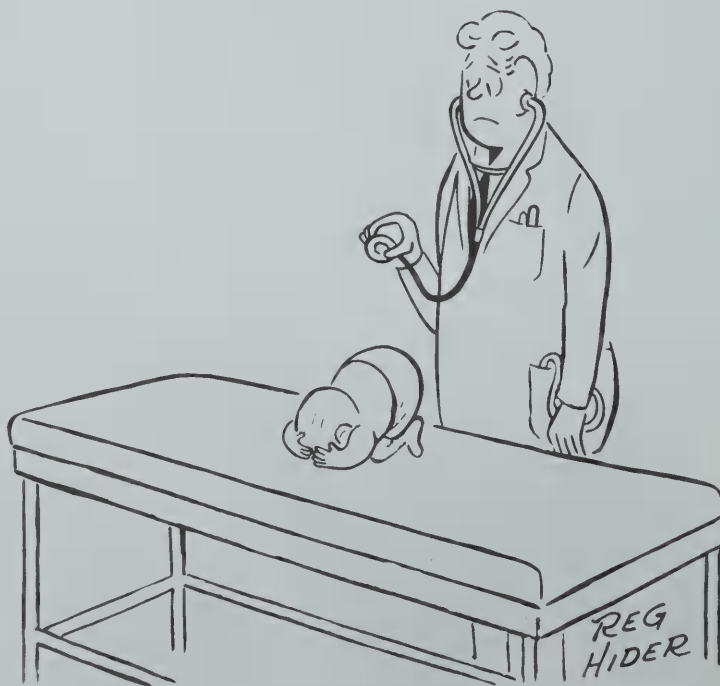


Developmental Psychology Theory (Jean Piaget)

In his theory, Piaget describes the changes in children's thinking from infancy to early adolescence when most individuals are capable of logical thought. The development of thought is discussed in four stages. The first two stages describe the development of thinking of children who are under seven years old.

The Sensorimotor Period

This period covers the first eighteen to twenty-four months of life. It is the period of practical intelligence that precedes language. The relationship between biological maturation and development of thinking is clearly evident at this time. Changes in an infant's thinking take place through seeing, hearing, touching, smelling, and tasting. When infants can focus their eyes on an object and grasp it, they increase their opportunities for



learning. They learn about the world by grasping, tasting, and manipulating objects that come within their reach. Two important accomplishments of this period are object- and person-permanence and the ability to form hypotheses or unproved guesses about the solution of a problem. Object-permanence refers to the understanding that an object exists even though one does not see it. You can determine whether babies have developed object-permanence by noticing whether or not they look down for objects they have dropped. Similarly, person-permanence is the awareness that people exist when out of sight. This idea is important in the development of an infant's relationships with parents and care givers. You can determine whether babies have developed person-permanence by observing whether or not they smile or wiggle when they hear a parent's voice in another part of the house. The cartoon shows that the child has not developed person-permanence. Since he or she can no longer see the doctor, the doctor must no longer be there.

The ability to form hypotheses is the ability to think of solutions to a problem instead of arbitrarily trying one solution and then another until the problem is solved. We observe this ability in infants when they want an object resting on a blanket nearby them, and they pull the blanket towards them to get that object.

Preoperational Period

This period extends from around two to seven years of age. The primary achievements of this period are imitation, play, and language development. Children become so skillful in communicating with adults that one might assume, incorrectly, that they think as adults do. Children, however, do not understand the basic relationships between objects or events. Piaget attributes these errors in understanding to two deficiencies in children's thinking. One is called reversibility, and the other is egocentrism.

Reversibility. Reversibility is the ability to understand that a completed process can also be performed in the reverse order so that the materials used are returned to their initial state. The following experiment is an interesting way to test a child's capacity for reversibility. Give a child some clay or play dough. Ask the child to make two balls of the same size. Then, as the child watches you, flatten one ball to make it look like a pancake. Ask the child if the amount of clay in the ball and in the pancake are the same. Most preschool children will say "no" and indicate that the pancake is larger. When children say "yes" and can explain that nothing was added or taken away when the shape of the ball was changed, they

show ability to conserve. Conservation is the ability to understand that a thing is basically the same even if its shape is changed. This is evidence for reversibility in their thinking. They show that they can think of the pancake being rolled back into the same ball of clay. Until they are able to do this, telling them that the ball and the pancake have the same amount of clay will not influence their thinking.

Egocentrism. Egocentrism is the inability to see a situation from another's point of view. You can demonstrate this deficiency by the following experiment. Have a child stand next to a table set with placemats. Place a fork and spoon on the child's placemat. Then ask him or her to stay in place but to reach across the table and put the fork and spoon on the placemat opposite his or her own. In this situation, the child will arrange the eating utensils as he or she would for himself or herself. The child is thinking of situations only from his or her point of view.

Egocentrism often frustrates adults who work with children. In a story group children will sit right in front of each other to see the pictures. They don't mean to block other children's views. They just want to see and don't realize that they are in front of others. Children also often interrupt a story with a completely unrelated comment, like "I was sick to my stomach last night." The child just thought about last night. He or she simply wants to share the thought. Children during this period consider only themselves.

Concrete Operational Period

Reversibility and less egocentrism in thinking show that children have moved into the next period, concrete operational. This period is from the ages of seven through twelve years. Children become capable of approaching several types of mathematical operations. They understand number and quantity but only when demonstrated with concrete materials. At this point, they still do not reason about concepts and ideas.

Formal Operational Period

Formal thinking, the final stage in development of thought is reached around age twelve. Reasoning about ideas and events which are in the past, present, or the future, is now within the child's scope. He or she is now capable of abstract thought. Moreover, he or she is able to deal with a widening variety of problems. Thought has now achieved the stage of being mobile and flexible.

Assimilation and Accommodation

Two processes are essential for development, assimilation and accommodation. In assimilation the child incorporates new elements into the existing structure. In accommodation the child adjusts his or her thinking to external reality. Consider this example. Lisa, an eighteen-month-old girl, grabs and throws a plastic glass from her high chair after she has finished drinking her milk. At her grandmother's house she has a breakable glass. She throws it, and it makes a loud noise and breaks into pieces. She frowns, looks puzzled, then cries. Lisa demonstrates assimilation when she uses the same action with the new glass that she had learned with the other glass. Because the breakable glass did not produce the same results as the plastic one, she will have to change her ideas and her actions. This change is called accommodation. The next time this child may at least hesitate before she throws a glass, because she knows that all glasses are not the same. She has expanded her understanding of the environment around her as a result of the complementary processes of assimilation and accommodation.

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Each time children assimilate, then accommodate a new experience, they move a step closer to the next stage in the development of logical thought. This, of course, is not only true during childhood, but is also true throughout life.

Experiences throughout life are understood only to the level of an individual's ability to understand. One measures new experiences against his or her past situations or activities. For example, a person who has never been extremely hungry cannot understand starvation. He or she can only understand hunger to the level of his or her experience with lack of food.

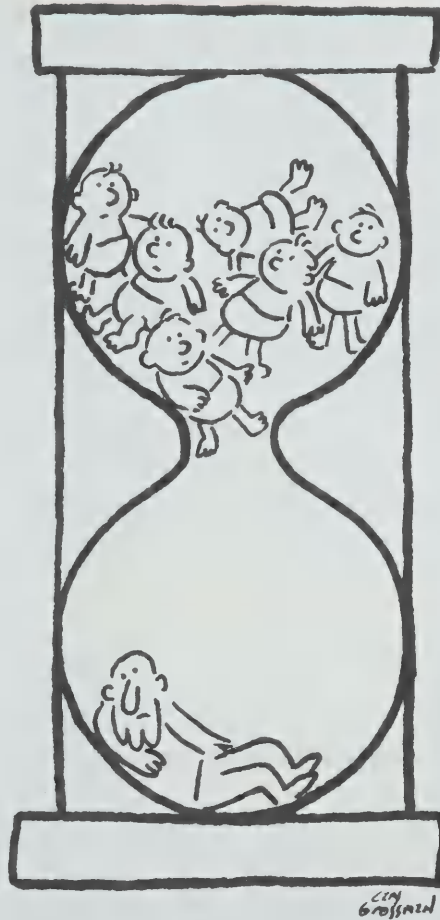
To accommodate is to understand. To assimilate is to use that knowledge or understanding in an actual experience in the environment. For instance, when a person hears a bell ringing, he or she responds in a certain way depending on what the sound means. A ringing fire alarm evokes a different response than a ringing telephone. Piaget stresses that an object, an experience or a thought does not exist alone. It exists only as it relates to something else.

Developmental Maturation Theory (Arnold Gesell)² —

Arnold Gesell (psychologist and pediatrician, 1880-1961) emphasized the concept of maturation. He believed that all development occurred in definite patterned and internally controlled sequences. This applies to growth of ability and behavior, as well as to growth of tissues and organs. Culture and environment are considered to be secondary influences. Developmentalists, as followers of Gesell's theory are called, believe that environmental factors may change but do not generate the progressions of development. "Maturation is responsible for those developmental phenomena that seem to develop in an orderly fashion independent of specific practice." Gesell was particularly influential in establishing techniques of developmental diagnosis for pediatricians and other child-growth workers. In brief, Gesell believed that the behavior of a child was patterned and to an extent predictable.

Gesell also believed that certain stages of development occur at different times depending upon the rate of growth of each child. The developmentalists describe different stages, but do not designate when a

2. Adapted from pp. 25-37 of Don C. Dinkmeyer, *Child Development: The Emerging Self*, © 1965. Reprinted by permission of Prentice-Hall, Inc., Englewood Cliffs, New Jersey.



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Cary Grossman. From *Saturday Review*, © 1979.

child will enter them. Age levels are not set up as standards, but as very general guides. "The developmentalists urge recognition of each child's individuality but also believe that certain types of behavior will occur regardless of external intervention." This approach, then, also stresses recognizing and respecting each child's inborn individual differences.

In sum, Gesell regarded development as determined by nature from within the organism. Environment has a secondary role of modifying, not determining, behavior. Thus Gesell would advocate allowing the child to develop at his or her own pace both at home and at school. Forcing and limiting the child results in negativism and a lack of productivity.

QUESTIONS

1. Define child development.
2. What is the difference between Erikson's theory and Piaget's?
3. What is meant by assimilation and accommodation?
4. What is egocentrism? Give some examples.
5. What were some of the most important influences on your life? Make a list similar to the one made for Earl or Alice for yourself.
6. Which theories do you think your parents either consciously or subconsciously subscribed to?
7. Using Erikson's and Piaget's theories, explain why the first seven years of life are so important.
8. Find a picture or a cartoon that shows a child development theory. Mount the picture or cartoon on a paper and discuss the theory implied.

OTHER READING

- Baldwin, Alfred L. *Theories of Child Development*. New York: John Wiley and Sons, Inc., 1967.
- Gesell, Arnold; Halverson, H.M.; Thompson, H.; Ilg, F.L.; Costner, B. M.; Ames, L.B.; and Amatruda, C.S. *The First Five Years of Life: A Guide to the Study of the Preschool Child*. New York: Harper & Row, 1940.
- Elkind, David. "Erik Erikson's Eight Ages of Man." *The New York Times Magazine*, April 5, 1970.
- Elkind, David. "Giant in the Nursery—Jean Piaget." In *Annual Editions Reading in Human Development, 1973–1974*. Guilford, CT: Dushkin Publishing Group, 1973.
- Erikson, Erik. *Childhood and Society*, 2d ed. New York: W.W. Norton & Co., 1963.
- Wadsworth, B.J. *Piaget's Theory of Cognitive Development*. New York: David McKay Co, Inc., 1971.

4 Parenthood: Training Programs



"Computerized . . . Analyzed . . . Homogenized . . .
Systemized . . . Standardized . . ."

Short and Weaver

The little girl in the cartoon may be exercising her body, challenging her mind, or making some comments on the state of our lives today. If she were skipping to parent training programs, she might be singing P.E.T., P.I.P., R.P.T., and Dreikurs.

Need for Parent Training Programs

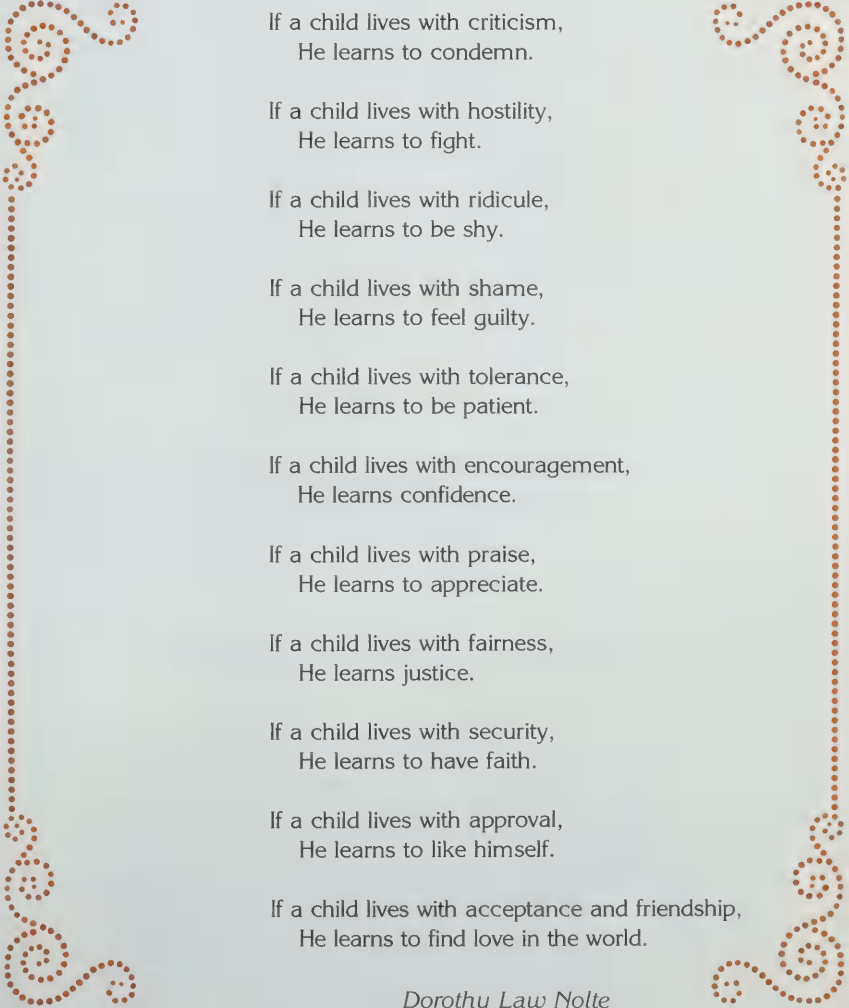
Plato said, "What is honored in a country will be cultivated there." Does the increase in the number of parent training programs indicate that we are honoring parenthood? Or does the increase in the number of parent training programs mean that we are feeling less than adequate in dealing with the responsibilities of parenthood? Life with children can be very challenging and rewarding. Perhaps training programs could enhance the parent-child relationship so that it will become more rewarding for all.

The parent training programs now in existence are very different from each other. But they are all alike in their goal to help parents maintain self-control. All programs hold that an angry parent is likely to give children harsh physical or psychological treatment. Parents who have lost self-control develop frightened, resentful children with low self-esteem. Some of these children become withdrawn and some even run away. Others become compliant, dependent creatures who cannot even make a simple decision for themselves. Still other young people become rebellious and antisocial.



Dominant Approach

All parent education programs maintain that children treat others as they have been treated.



If a child lives with criticism,
He learns to condemn.

If a child lives with hostility,
He learns to fight.

If a child lives with ridicule,
He learns to be shy.

If a child lives with shame,
He learns to feel guilty.

If a child lives with tolerance,
He learns to be patient.

If a child lives with encouragement,
He learns confidence.

If a child lives with praise,
He learns to appreciate.

If a child lives with fairness,
He learns justice.

If a child lives with security,
He learns to have faith.

If a child lives with approval,
He learns to like himself.

If a child lives with acceptance and friendship,
He learns to find love in the world.

Dorothy Law Nolte

Four Major Parent Education Programs¹

The four major programs are these.

1. Parent Effectiveness Training
2. Parent Involvement Program
3. Responsive Parent Training
4. The Alfred Adler Institute

All four courses provide stimulating group experiences for the participants. Parents find talking about their problems to sympathetic listeners helpful. Parents also hear about similar problems and find that other people may have even greater problems. This sharing helps parents put their concerns in proper perspective.

The four programs stress the following.

1. conflict management
2. behavior management
3. responsible behavior
4. discipline

Each of these areas may be approached from different points of view but the main objective is to make parents feel comfortable in their parenting role. Each tries to help parents understand conflicts that may occur between parent and child and suggests techniques for solving them.

Parent Effectiveness Training (P.E.T.)

Thomas Gordon is considered the innovator of Parent Effectiveness Training. He believes that parents can and should give up the use of power. He grants that physical power may have to be used in an emergency. For example, if the child is running into the street, a parent must use physical power to restrain him or her. But Gordon firmly opposes the use of psychological power, not only by parents but by teachers, bosses, everyone. He rejects power because he feels it is damaging to people and relationships. Furthermore, Gordon would like to see the word "misbehavior" dropped from the language. Children, like other people, simply behave. Their behavior, like everyone else's, is aimed at getting their

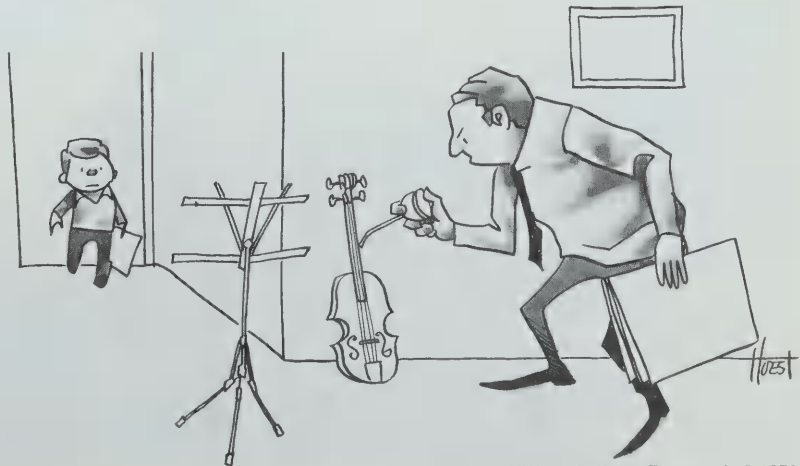
1. The discussion of Parent Education Programs is based on "It Changed My Life" by Catherine Caldwell Brown. Reprinted from *Psychology Today* Magazine, November 1976. Copyright © 1976 Ziff-Davis Publishing Company. Used by permission.

needs met. When it interferes with the parent's efforts to get her or his needs met, the parent calls it misbehavior. Many parents label misbehavior any behavior that is unacceptable to them. The following diagram summarizes the P.E.T. approach.

THE P.E.T. APPROACH		
Behavior acceptable to parent	Child Owns Problem	Use Active Listening
	No Problem	
Behavior unacceptable to parent	Parent Owns Problem	Use I-messages and if necessary, the no-lose method of problem solving

The purpose of P.E.T. is to enlarge the no-problem area. The course suggests ways parents can reduce the number of problems before applying any techniques of the P.E.T. approach. For example, it suggests making changes in the home environment, such as putting breakables out of the child's reach.

For the problems that remain, P.E.T. teaches three basic techniques. Before using them, the parent must identify the owner of the problem at hand. The person who owns the problem is the one whose needs are being frustrated.





Active listening

When something bothers the child but not the parent, the technique to use is active listening. The parent helps the child understand, accept, and deal with his or her own feeling by himself or herself. For example, if a child comes home from school in a tearful fury and announces that his or her teacher is awful, the parent is not to reassure, analyze, press for details, ignore, get mad at the child, leap to his or her defense, or present his or her own views. Instead, the parent is to adopt a receptive, interested manner. He or she should say such things as, "You seem upset." "You're really mad at Mrs. Jones today." "My, that must have been embarrassing." "I see." "Tell me more." "Hmmm." If the technique works, the child soon calms down and makes the very statement the parent had to keep from saying, such as "I guess I don't have to like Mrs. Jones to learn arithmetic from her" or, in a more extreme case, "I think I'll see the principal about a transfer."

I-messages

When the child's behavior bothers the parent, the thing to do is deliver an I-message. An I-message includes no criticism. It simply informs the child that his or her behavior is interfering with the parent's needs. For example, "I can't hear the TV when there is so much noise." The statement may also express the way the behavior makes the parent feel. For instance, "When I see toys on the stairs I get worried because someone might trip and fall."

How I-messages compare to You-messages

I-messages are to be contrasted with you-messages, which are the kind most parents have spent years delivering. "You're acting like a baby." "Get out there and mow the lawn, you lazy bum." "Your sister is here to stay, so you might as well get used to it." These are examples of you-messages. These statements are not only demeaning to children and damaging to their self-esteem but, in Gordon's view, they are also inaccurate. When a tired parent sits down to rest and a child keeps pestering him or her, the problem is not that the child is a pest but that the parent is tired. So that is what the parent should say.



I-message delivery

Learning to deliver I-messages is not easy. It requires the speaker to identify his or her feelings precisely and to express them assertively. Most beginners rely too heavily on vague words like “angry” and “upset.” They need to learn to replace these words with more specific ones like “disappointed,” “taken advantage of,” “ignored,” “embarrassed,” and “scared.”

The great thing about I-messages is that they inform the child without directing him or her. They leave the responsibility for behavior change with the child, where it belongs. Children often respond to I-messages with such remarks as “Gee, Mom, I didn’t know it bothered you so much. I will try to do better.”

Use of I-messages

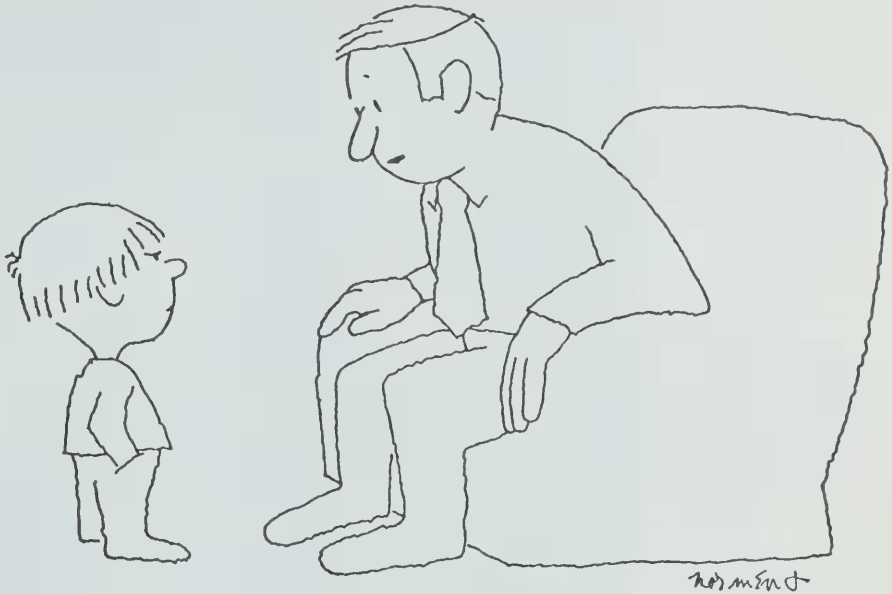
Active listening and I-messages are recommended for use with positive as well as negative feelings. One can say to a child who is flaunting a good report card, “You’re pretty proud of yourself, huh?” or, to a couple of children during a car ride, “I’m really enjoying the scenery. It’s fun to have you kids sitting still and watching it with me.”

The No-lose method

The no-lose method has six basic steps for problem solving.

1. Define the conflict (“Our problem seems to be that you want to go to the movies and I want the lawn mowed.”).
2. Generate as many possible solutions as you can with the child.
3. Evaluate the alternatives.
4. See if there is one solution that fully satisfies both parties.
5. If so, decide how to implement the solution.
6. Evaluate the solution later to see if it worked.

The no-lose method can be discussed or it can be written down. In either case step 4 is the most important. If parent and child cannot find a solution that satisfies them both, it is forbidden for either party to back down or impose his or her solution on the other. Instead they must try again, right away, tomorrow, or next week. Step 1 is also significant for the parent and child. Often misunderstandings arise from poor communication. If the conflict is not clearly defined both parties may harbor resentment and frustration.



*"O.K., let's suppose I'm not the nicest daddy in the whole wide world.
What do you intend doing about it?"*

Drawing by Norment; © 1979 The New Yorker Magazine, Inc. Courtesy of *The New Yorker*.

The best way to transmit values is to model them. If you want your kids to read, let them see you with a book once in a while. A parent can talk to the child about values, but not when either person is upset or when the child is unreceptive.

Parent Involvement Program (P.I.P.) _____

This program, designed by William Glasser, holds that no helping relationship, whether between therapist and patient, teacher and pupil, or parent and child, can produce behavior change unless there is a warm, honest, affectionate relationship between the two people. The belief is that people who engage in "irresponsible" behavior see themselves as failures. Unless they can be convinced that someone else cares about them, it is hard for them to improve either their behavior or their self-concept.

Many parents form the habit of ignoring a child when he or she is upset and of punishing a child when they are upset. Thus, a good portion of the Parent Involvement Program is devoted to teaching parents how to



remain involved. Some techniques are just common sense. When a child comes home in tears, the parent is told to stop what he or she is doing and sit down with the child, just as the parent would do if his or her best friend arrived upset. The parent is encouraged to spend time with his or her children. He or she is asked to develop a warm and honest relationship with them. To do this a meaningful dialogue must be established.

Parent Involvement Program instructors treat the parents the way the parents are to treat the children. They take care to maintain involvement and they do not ask for perfection. Instead they show pleasure at any small step a parent is able to take.

Glasser's Parent Involvement Program

In this program there are seven steps.

1. Establish and maintain involvement. In any helping relationship the first step toward behavior change is to make friends. The parent-child relationship should be warm, personal, and honest. The best way to get it that way is through conversation—by talking about topics of mutual interest in a friendly way.

2. Help the child see what his or her current behavior is and understand that it is something he or she has chosen. Ask, “What are you doing now?” “What did you do yesterday?” “Last week?” (Don’t go farther back than that.) Ask what, not why, because why invites the child to blame others, offer excuses and rationalizations, and dwell on feelings. Feelings are important, but behavior is the real issue.

3. Suggest that the child evaluate his or her behavior in a friendly, nonjudgmental way. Encourage self-judgment by asking the child whether what he or she is doing is helping him or her.

4. Help the child plan more responsible behavior. Without help, the child’s plan will be too ambitious. He or she needs small realistic goals so that progress can be made and success experienced.

5. Ask for a commitment to the plan—a handshake, verbal statement, or written contract. Commitment strengthens the child’s motivation and increases his or her involvement with the parent.

6. Accept no excuses. If, as often happens, the child does not meet his or her commitment, go back to step 3. The child may decide to change his or her evaluation, revise the plan, or renew his or her commitment to it. Do not ask why the original plan failed. If excuses are offered, say, “Please, you don’t have to make excuses.” Stay involved, be patient, and never give up.

7. Don’t use punishment. Praise for success is good because it solidifies involvement. Causing the child physical or mental pain when he or she fails strains involvement with the parent and encourages self-involvement, loneliness, isolation, and hostility. Reasonable consequences that are agreed to by the child (e.g., no car keys until the car is washed) are not punishment.

Responsive Parent Training Program

If your way works, use it. But if you are having problems, you need to change what you are doing. The Responsive Parent Training Program asks parents to learn the principles of human behavior. The parents are then asked to apply those principles to behaviors that occur in their own homes.

Using special graph paper, the parent records the child's behavior. The behavior is noted and plotted without any comment. After studying the graph, the parent is helped to institute an experimental procedure. The graph is then replotted to see if the experimental procedure changed the original behavior. For example, Johnny won't get up after being called many times. The number of times he is called and his appearance at the breakfast table are recorded. The parents may then give Johnny an alarm clock, indicate once that breakfast is ready, and allow him to face the consequences of his actions. The parents then find out how their new response to Johnny's behavior affects his behavior. If their plan for helping him develop more responsible behavior does not succeed, they must then modify it or institute a new procedure.

Many parents find that as the behavior being worked on improves, so do a lot of other behaviors. For instance, as the behavior of one child improves, so does that of his or her brothers or sisters. Punishment is always paired with positive reinforcement. For example, if children are kept inside for running in the street, be sure to praise them the next time they stop to look for traffic. Positive reinforcement is necessary because it rewards the children for their behavior or changes they make in their behavior. It also supplies them with information about what is considered responsible, intelligent behavior.

Alfred Adler Institute

Rudolf Dreikurs, a psychiatrist and founder of the Alfred Adler Institute of Chicago says, "A misbehaving child is a discouraged child." Children need encouragement. Encouragement means avoiding overprotection, giving children plenty of responsibility, and adopting realistic standards so that effort can be appreciated as well as achievement.

The four goals of misbehavior, according to Dreikurs, are attention, power, revenge, and inadequacy. The child who is after one of these goals hopes to lock his or her parents into certain responses or attitudes toward him or her. Dreikurs' approach helps parents recognize these goals and understand a child's behavior. He maintains that a parent's job is to



discourage children's misguided efforts and encourage more constructive ones, such as, cooperation, consideration, and respect for order. Dreikurs also opposes power struggles between parent and child, yet he considers them to be a fact of life and suggests ways parents can avoid them.

The following chart outlines Dreikurs' concept.

THE DOCTRINE ACCORDING TO DREIKURS:²
The Four Goals of Misbehavior and How to Tell Which Your Child Is After

Goal	Child's Behavior	Parent's Reaction to Behavior	Child's Response to Correction
Attention	Noisy, restless, shows off	Annoyance; child seems pest or nuisance	Behavior stops, briefly
Power	Aggressive, defiant, insolent, bossy; pouts and cries	Frustration, anger, parent feels leadership threatened	Behavior continues, may get worse
Revenge	Violent, brutal, sullen, hurtful of others	Hurt; child may seem mean or nasty	More violent attack
Inadequacy	Won't try, gives up, withdraws	Helplessness, desperation; child may seem stupid or dreamy	No response

2. Adapted from *Winning Children Over* by Francis X. Walton and Robert L. Powers. Chicago: Practical Psychology Associates, 1974. Distributed (\$2.00) by Alfred Adler Institute of Chicago, 159 North Dearborn Street, Chicago, Illinois 60601. Reprinted by permission of Practical Psychology Associates.

QUESTIONS

1. Find out about the kinds of parenthood programs available for adults in your community. Check with the local library, churches, and continuing education programs.
2. Why does Gordon want the term misbehavior dropped from parent-child relationships?
3. Jose wants to wear his tennis shoes to church so that he can play tag with the children in the church parking lot after church. Jose's mother wants him to wear his new leather shoes to church. Jose and his mother are disagreeing before church. According to the P.E.T. approach, who owns the problem? Give some possible solutions.

4. Make a list of messages that you hear between parents and children. Indicate on your list those that are I-messages and those that are you-messages.
5. Think of a conflict you have had. Try to analyze the conflict by using the no-lose method of problem solving.
6. Find pictures in magazines or newspapers that illustrate the steps of the Parent Involvement Program.

OTHER READING

- Brown, Catherine. "It Changed My Life." *Psychology Today*, November 1976.
- Dreikurs, Rudolf, and Soltz, Vicki. *Children: The Challenge*. New York: Hawthorn, 1964.
- Glasser, William. *Reality Therapy*. Chicago: Harper & Row, 1965.
- Gordon, Thomas. *Parent Effectiveness Training: The Tested New Way to Raise Responsible Children*. New York: Wyden, 1970.
- Hamdorf, Kent G. "Practical Education for Parenting." *Cooperative Extension Service Bulletin* 632-1 through 9. Columbus, OH: The Ohio State University.
- Willis, Jerry W.; Crowder, Jeane; and Willis, Joan. *Guiding the Psychological and Educational Growth of Children*. Springfield, IL: Charles C. Thomas, 1975.

5 Parenthood: Prenatal Development



"Tomorrow . . . The World!"

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From *Eggbert* by LAF, a Pocket Books Special.

An embryo is surrounded by its own protective world, a world that meets its basic needs and ultimately produces a unique individual. This new individual will have a unique pattern of growth and development determined jointly by heredity and environment. The potentialities given by its parents, the conditions in the uterus, the kind of home into which it is born and reared, the ideas, the ideals, attitudes, and values of the people in its environment, and the manner in which its needs are met will all contribute to the uniqueness of the individual.

The world of the unborn looks very much like the pictures of the planet Earth taken by astronauts on their way to the moon. Science may know more about the moon than medical science knows about the world of the unborn. However, medical science is progressing in its investigation of the world of the unborn where every person has been and where every person was more vulnerable than he or she will ever be again.



Reproductive Cells

The average female's ovaries contain at birth approximately a half million potential eggs, or ova. Less than five hundred of these eggs will mature in an average lifetime. During the female's reproductive years, an egg, or ovum, far smaller than the head of a pin, is released each month from the ovary and travels down the fallopian tube to the uterus. The process of releasing an egg from an ovary is called ovulation. It is believed that the ovaries take turns releasing an egg each month.

For conception to occur, the egg must be fertilized by a single sperm, the male parent's reproductive cell. Sperm resemble tadpoles in shape with round heads and long whiplike tails. They are so small that even 100,000 of them together could barely be seen as a dot. When the sperm penetrates the clear outer membrane of the egg, and its nucleus joins the nucleus of the egg, conception is achieved.

Early Development

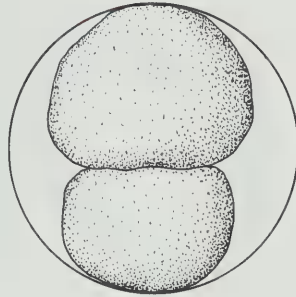
During the early phase after conception, the woman herself is unaware of the vital processes which are occurring within her. Within three or four days, the fertilized egg has divided and redivided into a cluster of thirty-six to forty cells which moves down the fallopian tube into the uterus.

Within ten days after conception, the embryo has attached itself to the spongy wall of the uterus. The embryo now consists of about 150 or more cells shaped in a solid ball. The master plan for development of the embryo has been determined by the genetic material in the nuclei of the cells. This development, however, is also influenced by the prenatal environment, particularly the placental barrier that determines which materials will pass into the embryo and which will be rejected.

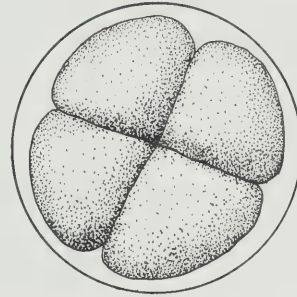
The new individual consisting solely of a small solid ball of cells changes into a small hollow organ. From this tiny mass of cells form the embryo and some temporary structures that feed and protect the developing organism. Structures which develop include the placenta, which will nourish the baby through the umbilical cord, and the balloon-like sac, called the water sac, filled with amniotic fluid in which the baby floats. Considering how small a mass of cells forms the developing embryo, it is surprising to find it setting aside groups of cells for structures which will be discarded after birth. These temporary structures are called extra embryonic structures because they are outside the embryo.

Three weeks after conception, a blood vessel enlarges and becomes

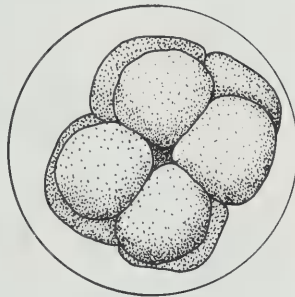
DIVISION OF THE FERTILIZED EGG



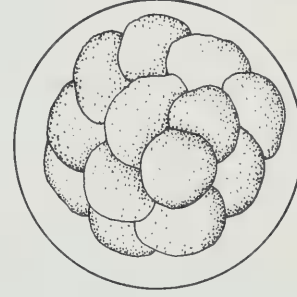
Two-Cell Stage



Four-Cell Stage



Eight-Cell Stage



Sixteen-Cell Stage

the baby's future heart. The nervous system then begins to organize a thread-like spinal cord. As soon as the heart and nervous system have been started, a rudimentary digestive tract begins to develop.

Twenty-five days after the egg has been fertilized by the sperm, the embryo measures about 2.6 millimeters (1/10 inch) in length and is developing at a rapid rate. The embryo does not yet look much like a human being, although it has a human heart beating within it, human blood flowing through its vessels, and a human brain taking form. It lacks a face and neck so that its heart lies close to its brain. It has no arms and legs. Its belly side, instead of being covered with a body wall, lies flat out over the large yolk sac, which protrudes from the region between the heart and tail, Diagram 1, p. 62. The lungs are beginning to take form. The liver is forming just behind the heart. By the end of the first month the human embryo appears as shown. This view is magnified twenty times. Almost one-third of the entire embryo is the future head, Diagram 2.

DEVELOPMENT OF THE EMBRYO

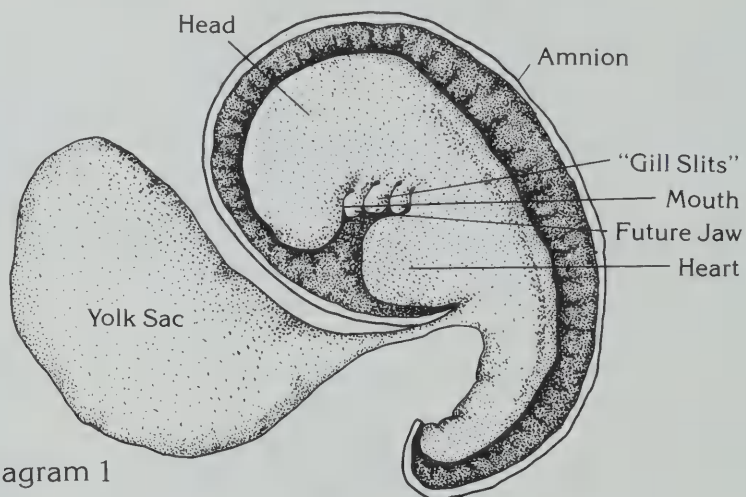


Diagram 1

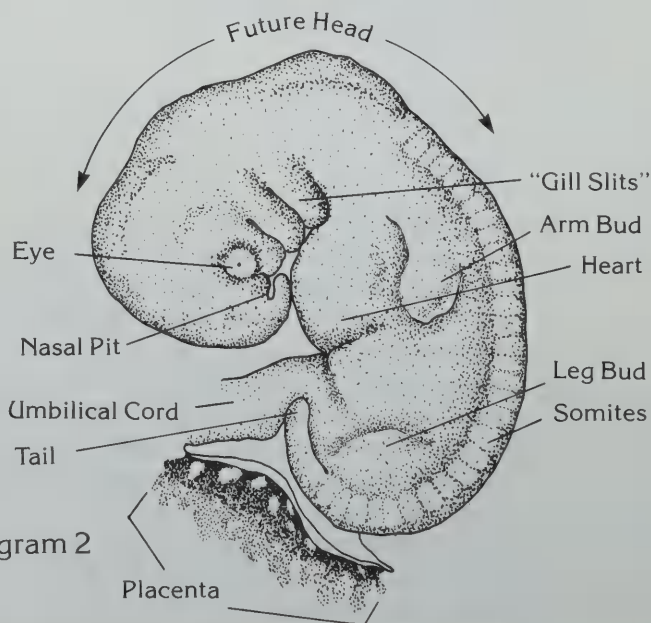


Diagram 2

In the second month the embryo increases in size to about 3.8 centimeters (1½ inches). Bones and muscles begin to round out contours of the body. A neck develops. Facial features also begin to develop. The forehead becomes prominent, reflecting the precocious development of the brain in comparison to that of the rest of the body. Limb buds elongate. Muscles and cartilage develop. Sex organs begin to form. However, the developing face and neck are the main features which give the two-month-old embryo its human appearance.

At the end of the second month, the lower jaw is still small, and the chin is poorly defined. Seen in profile the embryo looks almost chinless. The nose is broad and flat with the nostrils opening forward rather than downward. The eyes are far apart. It will take several years for the face to overcome the early dominance of the bulging forehead to reach adult facial proportions.

DEVELOPMENT OF THE HUMAN FACE



Five Weeks



Six Weeks

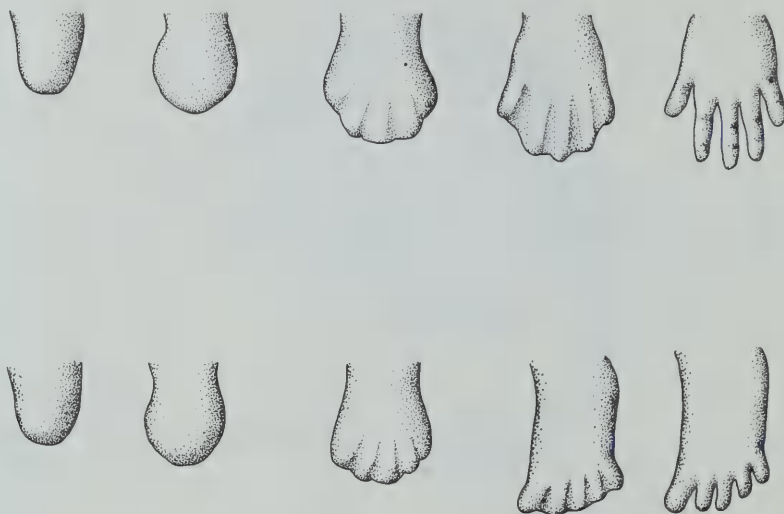


Seven Weeks



Eight Weeks

DEVELOPMENT OF THE HAND AND FOOT



These developmental changes occur during the second and third months.

The limbs also pass through a series of changes during the second month. At the beginning of the month the limb "buds" are small round stubs that project from the sides of the body. These buds elongate and the free end of the limb becomes flattened into a paddle-like ridge which forms the fingers and toes. Soon five parallel ridges separated by shallow grooves appear within each plate. The grooves gradually deepen giving five distinct fingers or toes in the appropriate limbs. The thumb and big toe become widely separated from the other fingers and toes early in their development. At the same time, constrictions form within each limb to mark off the elbow and wrist or the knee and ankle. At this time the elbow and knee bend outward away from the sides of the body and the palms and soles are turned inward, facing the body. It is not until the fourth month of development that the arms and legs rotate to their final positions, where elbows bend backward, knees bend forward, and soles face downward away from the body.



A.



B.



C.



D.

Photographs of human embryos during the second month of development. A. Thirty days. B. Thirty-four days. C. Forty-four days. D. Fifty-six days. (Source: Carnegie Institution of Washington)

Fetal Development

The third month marks the beginning of the fetal period. Sexual differentiation continues with the male sex organs showing more rapid development than the female organs, which remain dormant for a short period. Buds for all twenty temporary teeth are formed. The vocal cords appear. The digestive system begins to show activity with the stomach cells beginning to secrete fluid. The liver begins to pour bile into the intestines. Kidneys begin functioning, with urine gradually seeping into the amniotic fluid. By the end of the third month spontaneous movements of arms, legs, shoulders, and fingers are possible.

In the fourth month development of the lower part of the body accelerates so that the proportion of the head size decreases from one-half to one-fourth of the body size. The back straightens and the hands and feet are well formed. Because the skin is thin it appears dark red, owing to the coursing of the blood. The skin is wrinkled due to the absence of underlying fat. Finger closure is now possible. Reflexes become more active as muscles continue to mature. The fetus begins to stir and thrust out its arms and legs in movements which the mother can feel.

In the fifth month structures in the skin begin to attain final form. Sweat and sebaceous glands are formed and begin to function. Hair appears on the skin and nails appear on fingers and toes. The fetus is now lean and wrinkled. It is about 30 centimeters (1 foot) long and weighs approximately 0.45 kilograms (1 pound).

The eyelids which have been fused shut since the third month open in the sixth month. Taste buds appear on the tongue and in the mouth. Taste buds are more abundant at this stage than they are in either the infant or the adult. If born, the six-month fetus will live perhaps a few hours or longer if protected in an incubator. More prenatal development is needed for all organs to be able to function efficiently.

From the seventh month on the organism is capable of independent life. Generally, the seventh-month fetus is about 40 centimeters (16 inches) long and weighs about 1.4 kilograms (3 pounds). If born, it will be able to cry, breathe, and swallow. In order to survive, it will need a highly sheltered environment since it is very sensitive to infections.

During the eighth and ninth months the finishing touches are being put on the various organs and functional capacities. Fat is formed rapidly over the entire body which smoothes out wrinkled skin and rounds out body shape. The skin becomes thicker so at birth the pigmentation is usually slight in all races. Activity can be extensive and the fetus can change its position in the now crowded uterus. The fetal organs increase their activity, and the fetal heart rate is quite rapid.

**Approximate Age—6 weeks**

The embryo is less than 1.3 centimeters ($1/2$ inch) long at the end of the first six weeks. The heart and the brain are among the first organs to form.

**Approximate Age—9 weeks**

At two months, the embryo is about 3.2 centimeters ($1\ 1/4$ inches) long. The organs have continued to develop and have assumed their permanent functions. Tiny budlike projections that will form the limbs are noticeable, but fingers and toes are not yet completely formed. The face has begun to look human. Genital organs can be distinguished.

**Approximate Age—10 weeks**

The photos on pages 67–69 are of specimens of human fetuses on display at and used with the courtesy of the Museum of Science and Industry, Chicago, Illinois. Photos by Don Westlake.

**Approximate Age—12 weeks**

The embryo is now called a fetus. The fetus at three months weighs about 28 grams (1 ounce) and is less than 7.6 centimeters (3 inches) long. Arms, legs, hands, fingers, toes, and ears are formed. Nails have begun to develop. The fetus appears human but has a head that is very large in proportion to the rest of the body. Vocal cords are formed. Teeth have begun to develop.

**Approximate Age—15 weeks****Approximate Age—18 weeks**

At four and one-half months, the fetus is 15 to 20 centimeters (6 to 8 inches) long or about one-half its length at birth. It weighs 140 to 170 grams (5 or 6 ounces). One can hear the heartbeat through a stethoscope. Eyebrows and eyelashes have appeared. The skin is reddish and somewhat transparent. Skin ridges, which make foot and fingerprints possible, have already formed.



Approximate Age—20 weeks

At five months fetal movement may be clearly felt by the mother. Head hair has appeared. Nails are well formed. The fetus weighs nearly 454 grams (1 pound) and is 20 to 30 centimeters (8 to 12 inches) long. Vernix caseosa, a mixture of fatty secretion and dead skin cells, forms a cheesy covering over the surface of the body. If born at this time, the fetus usually cannot survive except for a few moments. The fetus may live for a few hours if born at six months. It weighs 908 grams (2 pounds) and is about 35 centimeters (14 inches) tall.



Approximate Age—27 weeks

The fetus measures about 37.5 centimeters (15 inches) in length and weighs approximately 1.2 kilograms (2 1/2 pounds) after seven months. If born at this time, it has perhaps a one in ten chance of survival.



Approximate Age—31 weeks

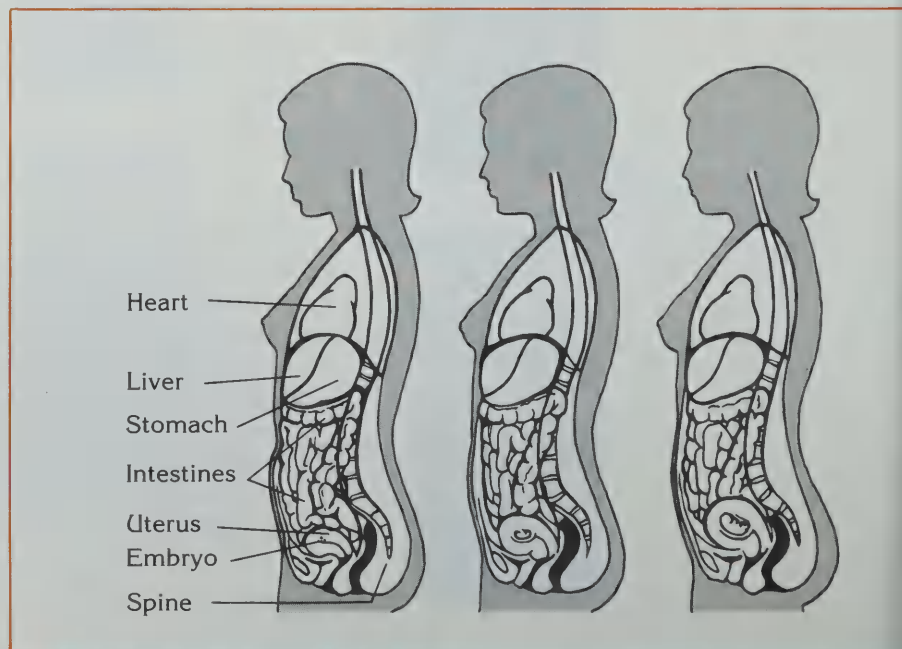
The fetus uses the last two months for growing and filling out. With good care infants born at the end of the eighth month have better than even chances of survival, possibly as high as two chances out of three. Digestive organs continue to expel more waste products leading to the formation of the fetal stool, called the meconium, which is expelled shortly after birth.

The full term fetus weighs, on the average, about 3.2 kilograms (7 pounds) if a girl, and 3.5 kilograms (7 1/2 pounds) if a boy; its length is approximately 50 centimeters (20 inches). Its skin is now its natural color and thickly coated with the cheesy vernix. The fine down hair which previously covered its body has largely disappeared. The fingernails are firm and protrude beyond the ends of the fingers. The breasts in both boys and girls are often firm and protruding due to the fact that the same substance which causes the mother's breasts to enlarge during pregnancy passes through the placenta and stimulates development of their breasts. This enlargement disappears within a few days of the birth.

Fetal-Maternal Body Relationships

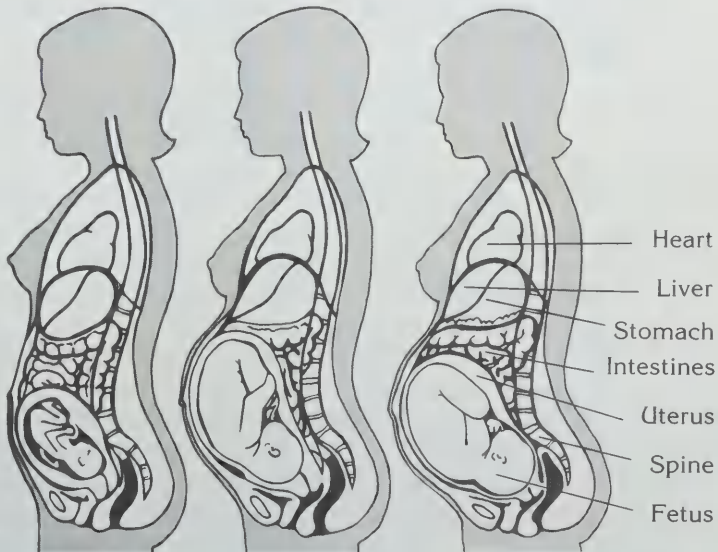
The developing fetus lives in a sequestered environment in the uterus of the mother to which he or she has exclusive property rights, except, of course, in the case of a multiple birth. The following diagrams show the relationship of the fetal body to that of the maternal body.

MONTHLY PRENATAL DEVELOPMENT



One very important factor that affects the fetal-maternal body relationship is the mother's nutritional habits. Dietary deficiencies can contribute to premature and abnormal births. Still birth, death within the first few days of life, birth defects, small size, and illness during infancy may result. Nutrition, however, needs to be considered long before pregnancy. It is important for girls to acquire proper eating habits early in life for their own good health and that of their future children. The adolescent's diet is perhaps most crucial in this respect. A woman who starts her pregnancy with a good nutritional condition can provide the best environment for her baby. A poor diet may damage either the baby or the mother, or both. For example, if there are dietary shortages of iron, ascorbic acid, and B₁₂ the baby will take them at the expense of the mother. If there are shortages of iodine, and vitamins A and E, however, the mother will get them before the baby does.

Another important factor in the fetal-maternal relationship is the variety and number of drugs the mother takes into her body. Many drugs taken by the pregnant woman can affect her baby. Quinine can cause deafness. Heavy doses of certain barbiturates produce asphyxiation and brain damage. One tranquilizer, thalidomide, resulted in babies being born without limbs or with deformed limbs.



Smoking also affects unborn babies. Smoking increases the fetal heart rate. Premature birth occurs twice as often among smoking mothers as among nonsmoking mothers. There has been much controversy concerning what causes the harmful effects on fetuses. Recently cyanide in cigarettes has been suspected. When the body gets rid of cyanide, it uses up vitamin B₁₂. Women who smoke have a lower level of vitamin B₁₂. It was found that women who had small babies had particularly low levels of B₁₂. Smoking cuts down the amount of oxygen transmitted to the fetus, which can result in its being born prematurely.

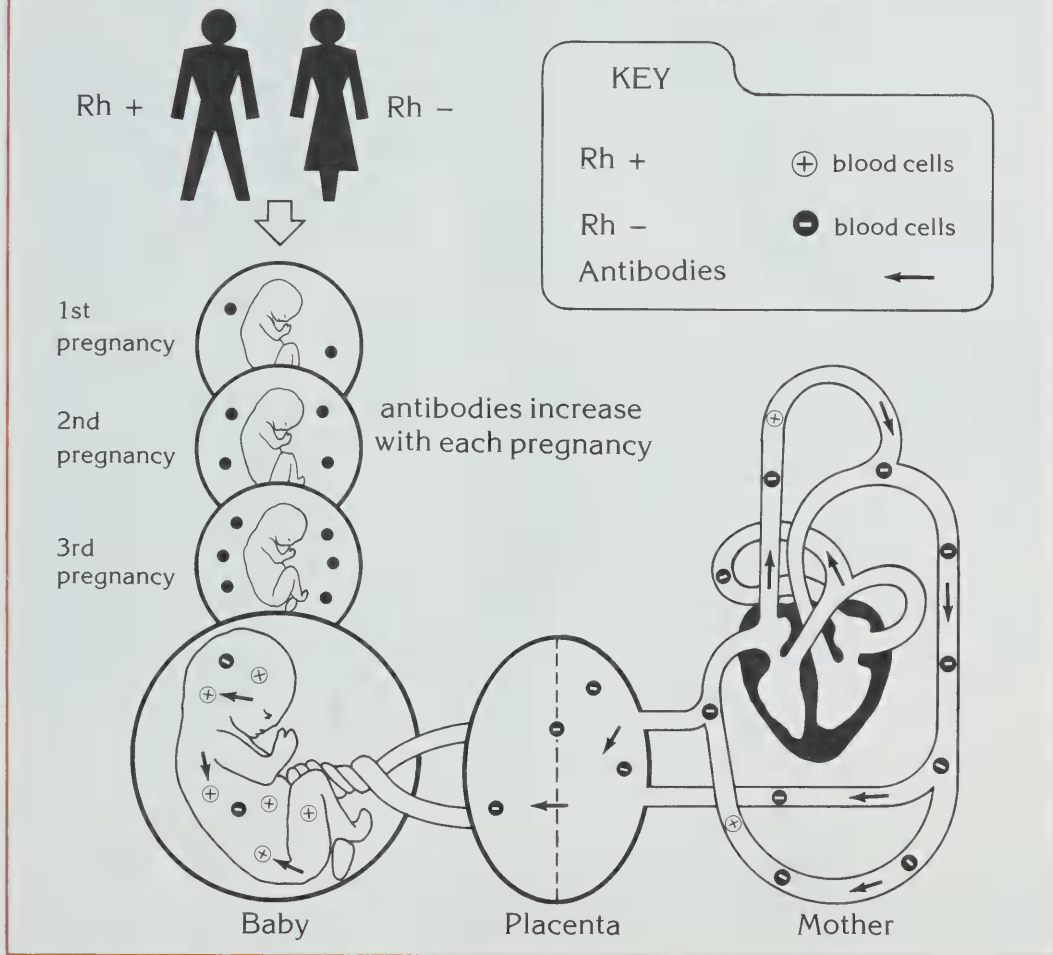
Rh Factor

One out of every one hundred fifty to two hundred infants suffers from Rh factor incompatibility. Some 15 percent of the population in the United States have red blood cells that are Rh negative, that is, do not contain the Rh factor. If a woman is Rh negative and her husband is Rh positive, some of the children may have Rh positive blood. It is the Rh positive baby of the Rh negative mother who is adversely affected. During the woman's first pregnancy some Rh positive cells may leak into her bloodstream and stimulate production of antibodies against the baby's Rh positive blood. Usually, there is no problem in the first pregnancy, but in later pregnancies, the mother who is sensitized to Rh positive blood produces antibodies that cause destruction of the baby's Rh positive red blood cells.

There are various procedures used to arrest or prevent damage caused by the antibodies in an Rh positive fetus or baby. An exchange of Rh negative blood for the ravaged blood of the Rh positive fetus can be performed before birth. The needle used in the transfusion is inserted through the abdomen and uterus of the mother into the abdomen of the fetus and the exchange of blood is made. This procedure is appropriate for the fetus that would be too damaged if not helped before the termination of the typical nine-months gestation period. If the Rh positive fetus is being damaged by the antibodies but could withstand being born sooner than the normal gestation period, labor can be induced by the baby treated after being born. The treatment consists of exchanging Rh negative blood for the damaged Rh positive blood of the baby. This must be done soon after birth and has been a standard procedure in the past.

Medical scientists are looking for ways to prevent the Rh negative woman from becoming sensitized to Rh positive blood which means that she would not develop the antibodies destructive to Rh positive fetuses. Immunization against the antibodies is being tried on Rh negative women.

Rh FACTOR INCOMPATIBILITY IN PREGNANCY



Influences of Heredity

At the time of its conception the new organism should receive 23 chromosomes from each parent for a total of 46 chromosomes. Of the 46, there are two that determine the sex of the individual. These chromosomes are designated as XX or XY, with the Y determining maleness.

Chromosomes contain thousands of pairs of genes. The genes are made up of DNA—deoxyribonucleic acid. The DNA is arranged in such a

way that almost an infinite variety of combinations is possible. It is this variety that is responsible for the differences between individuals. For example, a certain arrangement of DNA is responsible for the amount of pigment in the iris of the eye. Other arrangements determine the size of the eye or the visual acuity. Thus, the genes provide information necessary to program the cells to go the way they should in forming the different organs and systems. Actually, the information received through the chromosomes from the father and the mother blend together and result in a child who shows traits from both parents and even some distant relatives.

Sometimes a person has fewer or more than 46 chromosomes due to abnormal chromosomal behavior in the mother's egg or the father's sperm. Certain disorders, such as Down's syndrome, are associated with such chromosomal abnormalities. A person with Down's syndrome has 47 chromosomes. This condition occurs fairly frequently. One out of 600 newborn children has it. The extra chromosome will permanently influence the division of all cells in the body and will lead to disorders in form and function of practically all organs and systems in the body. The affliction of the brain is seen in the mental retardation those children have. Frequently, malformations of the structures of the heart lead to congenital heart defects. Other characteristics of the syndrome include slanting eyes; a broad, short skull; short stature; slight build; and broad hands with stubby fingers. General motor retardation is evident.

Although some children with this condition show severe mental retardation, the spread of intelligence reaches up to normal levels. Consequently, many of these children can benefit from special education.

Down's syndrome is probably caused by faulty division of the egg. Instead of 23 chromosomes, the egg has 24. Such an egg may be fertilized by a normal sperm carrying 23 chromosomes. Thus the resulting embryo will have 47 chromosomes.

Errors in the division of the reproductive cells, the egg and sperm, are fairly common. Most of these errors are incompatible with life and lead to fertility problems or miscarriages early in pregnancy. Those pregnancies that go to full term generally result in newborns with congenital defects.

In addition to Down's syndrome, however, there are a few more syndromes that result from chromosomal abnormalities. Abnormalities of the sex chromosomes, XX or XY, are associated with abnormalities of growth and development. In the small percentage of males having an excess of chromosomes, testicular defect, and other differences occur. Or, in the female with a single X, short stature and sexual immaturity occur. Various skeletal anomalies may also result.



The expression of a gene may be influenced in various ways so that it may be changed, suppressed, or modified. Some genes undergo a change or a mutation, although this occurs infrequently. Some are part of the sex chromosomes and produce characteristics that are sex-linked, such as color blindness. Some are sex-limited in that they are expressed in one sex only, like a beard. Some characteristics, such as baldness, are sex-controlled or sex-modified. Some genes may not be expressed because the environment has not provided the factors which lead to expression, such is the relationship between dietary habits and diabetes. Again expression may be modified by environment as shown in the differences in the height of children in the United States and other countries and the height of Japanese children born and reared in Japan and in the United States. Nutrition plays a major role in this difference in height.

Some traits may be either genetic or purely environmental in origin. This is true in mental retardation and also in heavy skin pigmentation which can be either inherited or produced by prolonged exposure to sunlight.

Other traits influenced by heredity include blood groups, physical traits, and mental traits such as intelligence and certain aspects of personality. Knowledge today strongly supports the view that no two individuals are born exactly alike in either body or mind.

The dynamic relationship between heredity and environment calls for a realistic rather than a fatalistic approach to heredity. Different children thrive differently in the same environment because of different potentialities. The health and growth of an individual is facilitated if the strengths and weaknesses with which he or she is endowed are considered.*¹



* Adapted from *Birth Defects*, Original Article Series, Vol. 4, No. IV, September 1968, pp. 1-16.

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Genetic Counseling²

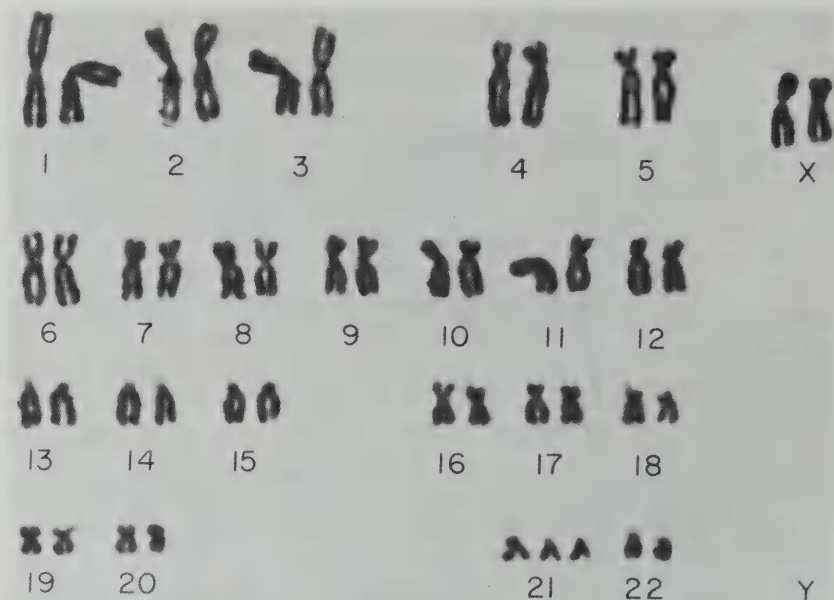
Genetic counseling is scientific advice, based on medical studies and family histories, concerning heredity and in particular, the risks of hereditary abnormalities or birth defects. Genetic counselors today are often able to tell prospective parents exactly what the chances are that a certain inherited defect or disorder will or will not appear in their children.

Despite the fact that at least 93 percent of all babies are normal at birth, there are more than a quarter of a million children born in the United States each year with abnormalities due to faulty prenatal development or inherited defects. One of the most common inherited diseases is diabetes. Some four million Americans have diabetes. It is believed that one person in four carries the genetic trait. Cystic fibrosis is another inherited disease present in the individual from birth. It occurs primarily in Caucasians and strikes some 3,500 infants (about 1 in 1000) each year. The disease is often diagnosed at birth, but sometimes it is not detected until later in infancy or childhood. Sickle-cell anemia, a serious blood disorder, afflicts some 50,000 Blacks in the U.S. alone. About one in ten Blacks carries the genetic trait. Tay-Sachs disease affects children of Jewish ancestry. This disease causes a fatty substance to accumulate in the nerve cells of the affected child. The formation of normal cells is impaired, which results in seizures, blindness, loss of coordination, and eventual death. Glaucoma, an inherited eye disease which usually does not become apparent until the third decade of life, is a major cause of blindness among people in the United States.

One factor in the growth of genetic counseling is the fact that more has been learned about human genetics in recent years than was known in preceding centuries. Geneticists have estimated that each of us carries an average of five to ten lethal or seriously abnormal genes among thousands of normal ones. Sometimes abnormal genes are passed to offspring by the mother, sometimes by the father and sometimes by both. A person may possess such a gene without suffering any ill effects and thus be a carrier. These genes, in certain combinations and under certain conditions, may cause faulty development of the carrier's child.

A family history is the genetic counselor's basic tool. By investigating as many generations as is necessary, he or she gains a perspective on the number of normal relatives and ancestors, as well as a perspective on defects similar to the patient's. If adequate information is not readily

2. Adapted from Dorothy Crane Davis, "Predicting Tomorrow's Children," *Today's Health*. Reprinted with permission from *Today's Health Magazine*, January 1968, ©. All rights reserved.



available, he or she may search old records—birth, marriage, and death certificates as well as information in the archives of bureaus of vital statistics, church records, and even graveyards. Sometimes a search will provide a hidden clue such as an unsuspected marriage of cousins or other close relatives. Experts estimate the extra risk of defective offspring from cousin marriages to be between one and a half to two times greater than that between nonrelatives. This risk is due to the probability that children will receive a double dose of some detrimental gene each parent carries from a common ancestor.

If there is no previous evidence of the problem in the family the geneticist may determine that the child in question is the victim of environmental influence or of a gene “mutation,” an alteration of genetic material that has occurred in one of the parents of the child.

In addition to the family history, the genetic counselor may perform tests to determine “carrier status” of the parents, brothers and sisters, and perhaps other relatives of the patient. Or, the counselor may do “chromosome analysis” of cells from any or all of them. Chromosome analysis involves isolating and photographing the chromosomes in a single cell. From a picture enlarged thousands of times, each individual chromosome is cut apart, matched in pairs, and grouped in a specific order on a numbered chart called a karyotype as seen in the photo above.

From this, the geneticist can generally determine whether or not the defect is due to chromosomal abnormality and, in some cases, what caused the aberration.

A few geneticists foresee the day when there may be mandatory premarital tests to determine whether prospective newlyweds are likely to have children with serious defects. Few believe that unfavorable odds should be reason to forbid marriage, but they do cite advantages in alerting couples to potential problems.

QUESTIONS

1. Define these terms.
 embryo ovum chromosomes
 fetus sperm genetics
2. Why is a nutritious diet important to consider long before pregnancy?
3. How can a poor diet during pregnancy affect a child's development?
4. How can drugs taken during pregnancy affect the baby? What about smoking?
5. What is most amazing to you about the prenatal development stages? Why?
6. Which prenatal months are most important? Why?
7. How many chromosomes does an individual usually have?
8. What is genetic counseling?
9. Give some examples of disorders present at birth that are caused by chromosomal abnormalities.

OTHER READING

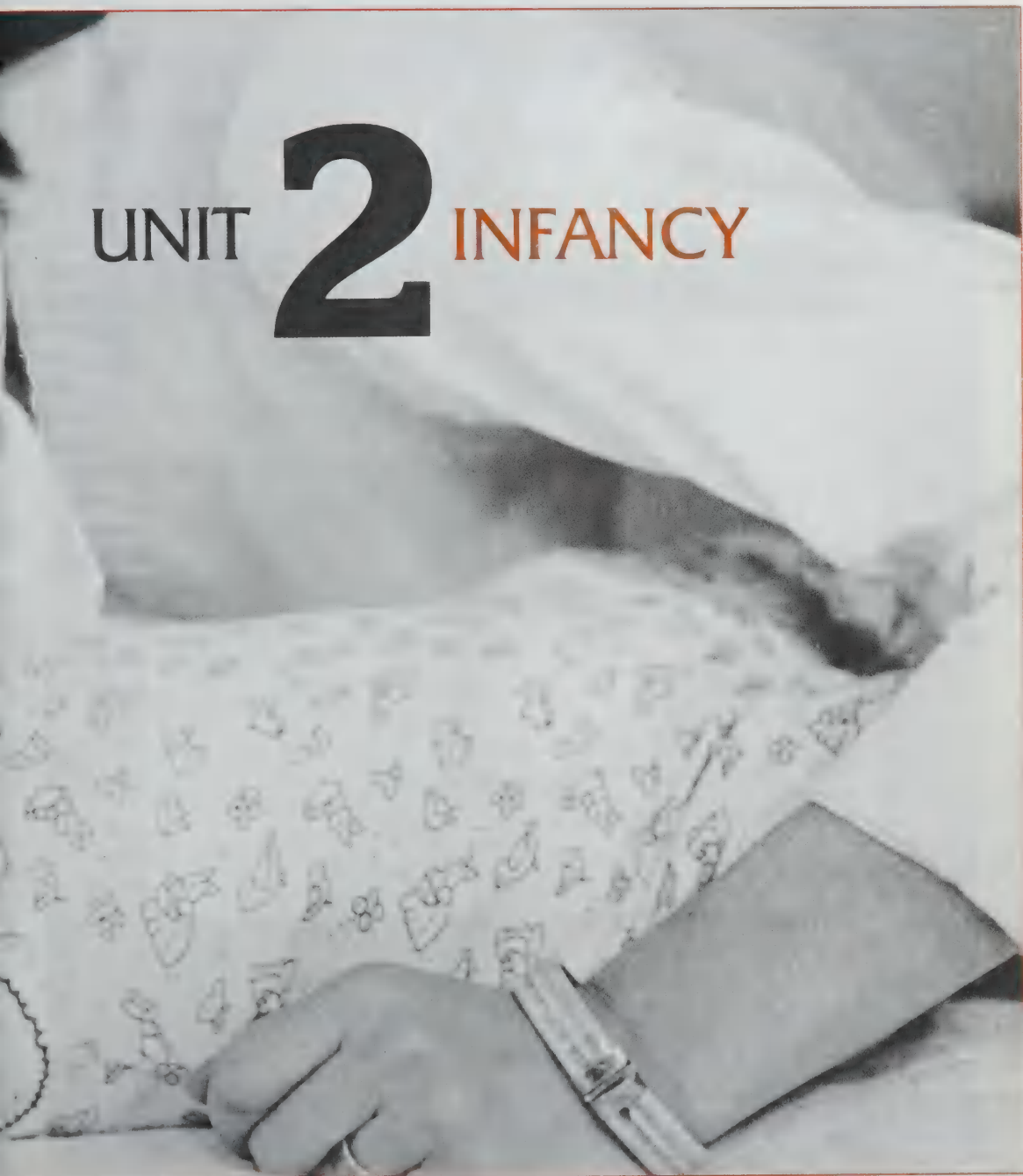
Chemistry, Chromosomes and Congenital Anomalies. New York: The National Foundation of the March of Dimes, 1967.

Flanagan, G. C. *The First Nine Months of Life*. New York: Simon and Schuster, Inc., 1962.

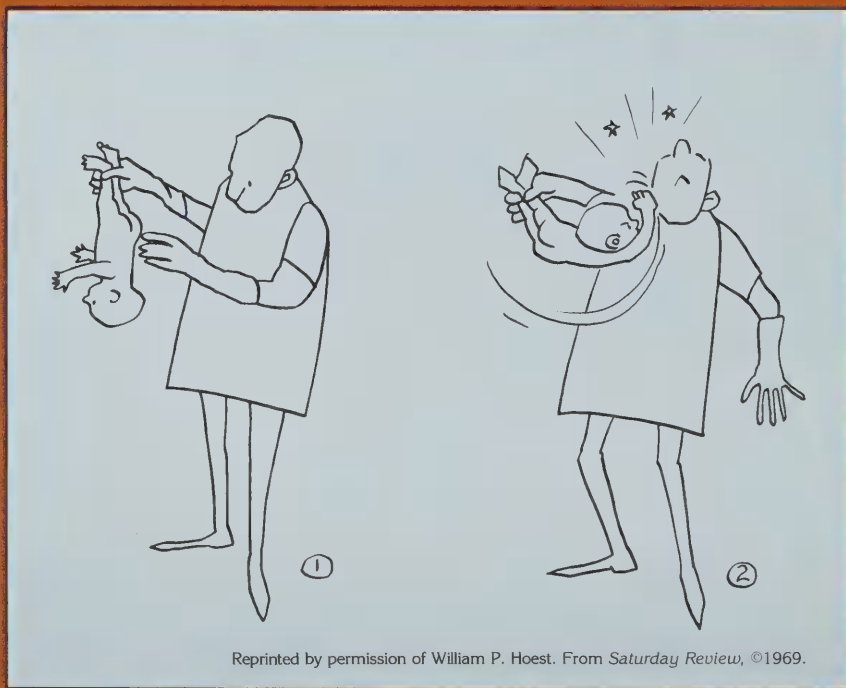
Smart, Mollie S., and Smart, Russell C. *Children: Development and Relationships*. New York: Macmillan Publishing Co., 1978.



UNIT 2 INFANCY



6 Infancy: The Newborn



The most crucial time for the newborn is in the first minute after birth, the time when all systems must begin to function on their own. The change from being a waterborne parasite to being an air-breathing, independent individual is a complex one, but one which the newborn is ready to make. The Apgar Score, based on a quick series of tests given to newborns after the first minute of birth, assesses the baby's health. Apgar scores run from zero to ten. A cumulative score of ten means the baby is in the best possible condition one minute after birth. Scores of seven, eight, or nine indicate good condition. Four, five, or six show fair condition. Zero, one, two, or three indicate poor condition. As for an infant's survival, a score of zero means he or she has an 85 percent chance of living four weeks. A score of ten indicates a 99.9 percent chance of surviving the same period. Current research shows that at one year of age, 3.6 percent of all babies who had Apgar scores of zero to three were neurologically abnormal. These infants were mentally retarded or had suffered other brain damage. Those with scores of four to six were in better shape with only 2.8 percent showing abnormality. Only 1.6 percent of those with scores of seven to ten were abnormal. The Apgar Score is determined as follows.¹

APGAR NEWBORN SCORING SYSTEM²

Sign	Score		
	0	1	2
Heart Rate	Not detectable	Below 100	Above 100
Respiratory Effort	Absent	Slow, irregular	Good, crying
Muscle Tone	Flaccid, limp	Some flexion of extremities	Active motion
Reflex Irritability	No response	Grimace*	Cough, sneeze*
Color (t)	Blue, pale	Extremities blue, body pink	Completely pink

* When stimulated by suction in nose.

(t) If the natural skin color of the child is dark, other tests for color are applied.

1. Dr. Virginia Apgar, born in 1909, was the first woman physician ever appointed a full professor at Columbia College of Physicians and Surgeons and head of obstetric anesthesiology at the hospital. Dr. Apgar devised a scoring system in 1952 for the tests given to infants within one minute after birth. Her findings were based on what she observed during the more than 17,000 births she attended.

2. From *Handbook of Clinical Nursing* edited by Margaret E. Armstrong et al. Copyright 1979 by McGraw-Hill, Inc. Used with the permission of McGraw-Hill Book Company.

Physical Appearance

Any parents can experience a sense of shock at the first sight of the tiny, wrinkled, red creature that is their offspring. Newborns look strange to many people who have in mind a two- or three-month-old baby when they think of a newborn. These two stages look quite different. Most newborns, besides being red and wrinkled, have elongated, lumpy heads with smoky blue eyes. The eyes are usually the most prominent feature.

The amount of hair varies on each newborn. It may be abundant or scanty, covering the head and parts of the body, especially the back. This hair is usually only temporary. It disappears when the permanent hair begins to grow. Permanent hair is often a different color from that which first appears on the baby.

It is fortunate that infants are so competent at birth because their new environment outside their mother's body subjects them so suddenly to many unfamiliar stresses, such as hunger, heat, cold, and pain. During the first weeks of life, most of their behavior is in direct response to these stresses. If they are hungry, they cry. If they are excited, they babble. If





they are in pain, they cry and thrash their arms and legs. These innate reactions alter their environment significantly by bringing a person to tend to them. Henceforth, according to the behavior of those who serve them, certain aspects of the infants' behaviors will be strengthened, while others will be weakened.

The size of babies at birth varies, often in accordance with race, socioeconomic status, and the age of the mother. At birth, the average newborn weighs 3 or 3.6 kilograms (7 or 8 pounds) and measures about 50 centimeters (20 inches) long. The range, however, is from 1.4 to 7.3 kilograms (3 to 16 pounds) and from 42 to 55 centimeters (17 to 22 inches). Boys are generally slightly larger and heavier than girls.

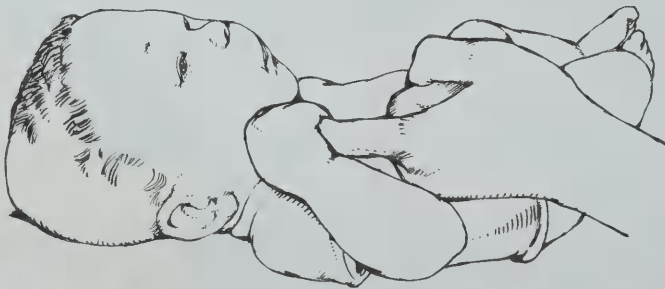
Newborns can see, hear, and smell. They are sensitive to pain and touch. The only sense that may not function well at birth is taste.

Control Mechanisms

Newborn babies are fairly efficient living machines. Until birth, their breathing, eating, and eliminating have been done for them by means of their mother's bloodstream. At birth, they suddenly have to do these things for themselves. Fortunately, they are well equipped to cope with the many stresses of their new environment.

What newborns can do or feel depends on the development and efficient functioning of their central nervous systems. When only two hours old, they will follow a rapidly moving light with their eyes. Their pupils will dilate in darkness and constrict in light. They will suck a finger or nipple inserted into their mouths, and they will turn in the direction in which their cheeks or corners of their mouths are touched. They can cry, cough, turn away, vomit, and lift their chins from a prone position. They can grasp an object placed in the palms of their hands. They can hiccup, sneeze, blink, yawn, and stretch. Their bodies will react to a loud sound. They can flex and extend their limbs, and smack their lips.

At least three reflex patterns which disappear later are present in most babies at birth. One of these is the grasp reflex. In this reflex the



A. Grasp Reflex



B. Moro Reflex

hand closes strongly when the palm is touched. This reflex is much weaker at the end of the first month. In most children it is gone by the fourth month, the time when voluntary actions of the hands are possible. The Moro or startle reflex is set off by any sudden, intense stimulation, such as a loud noise or tapping on the abdomen. In this reflex infants spread their arms apart and then bring them together as if they were hugging someone. Their legs move in the same way. This reflex disappears around three months of age. A third reflex is the Babinski reflex which causes the fanning up of the toes when the sole of the foot is stroked. This gives way to the plantar reflex (curling down of the toes when the sole of the foot is stroked) which appears as the nerve centers mature.

Much of the behavior of newborns is in response to inner needs. Activity in some infants is greatest just before nursing. For others it is greater after being fed. In addition to general body movement, newborns are also active in an "attentive" way. They take in their environment. They react to sounds. In general, an infant's bodily activity varies with visual and auditory stimulation. For example, bodily activity usually decreases as the intensity of visual stimuli increases. A decrease in activity also follows initial overt responses when auditory stimuli persist.

C. Babinsky Reflex



Coping Techniques of the Newborn

Infants do a great deal to adapt themselves to the world and cause the world to adapt to them. Crying and food-seeking behavior are the principal methods of affecting their environment. These two activities also foster the relationship between parent and child.

Babies indicate that something needs to be done for them by crying. They cry when they are hungry or in pain. They cry when they are cold or tired. During the early weeks, their crying changes into various sounds. Parents quickly learn to recognize which sounds mean hunger, pain, fatigue, or the need for cuddling, loving, and holding.

Food-seeking behavior includes tracking, seeking, and sucking. This behavior is sometimes called the rooting reflex. It enables babies to find and secure food. In this reflex, when the cheeks are touched, infants move their heads toward the source of the touch and open their mouths for sucking. Newborns are likely to show this response after several touches rather than the first touch. This reflex helps newborns find the nipple when feeding. Thus the infant takes an active role in finding and securing food, first by crying, then by turning towards the source of stimulation. The infant also prepares the nipple to give milk and actively withdraws the milk from the breast. This process probably stimulates the breast to give more milk. The roles of the infant and mother are completely complementary requiring the meshing of two people's activities.

If rooting behavior results in taking in food, a baby's hunger is reduced. If the behavior results in breast feeding, the ensuing effects differ from what happens when the result is bottle feeding. Human milk is different from cow's milk. The feel of the breast and bottle are different. The breast is warm, flexible, and more responsive to the sucking movement than the hard bottle. Taste is different, too. Human milk has a small amount of fat at the beginning and a large amount at the end of nursing. Also the feel and smell of the mother's body are likely to be more intense in breast feeding since the baby is held close to the mother's body.

Of greatest importance in the feeding situation is the relationship between the two people. During feeding two people contact each other and cooperate. The feelings that go along with this act promote personality development in both people. The baby's feelings of confidence and trust are enhanced by successful use of his or her skills for getting food. The sensory stimulation promotes growth and a feeling of well being. In substituting bottles for breast feeding, it is important to imitate the psychological situation as well as the nutritional one. In other words, holding and cuddling during feeding may be as important as getting the formula right. Although breast feeding is confined to mothers, anybody can hold

and cuddle babies. A good feeling comes from meeting their needs. In addition, when two people touch, both people receive sensory and emotional satisfaction. It is in this situation that babies begin to build relationships with their father, grandparents, sisters, and brothers. Much of an infant's behavior is based on a need to maintain homeostasis, that is, physical and psychological equilibrium. Balance is restored by food seeking, sucking, and swallowing, through breathing and moving, and by having baths and dry diapers. Babies may feel hungry, cold, tired, and wet all at the same time. One of these feelings is more pressing than the rest and must be cared for first.

When people can be trusted to feed them, to keep them at a comfortable temperature, and to help them develop and use their skills in different situations, newborns feel that the world is a pretty good place. When they feel this way they will naturally develop feelings of trust.



QUESTIONS

1. Why is the Apgar Score so significant? How does it serve the newborn?
2. What would be your expectations from a baby who had an Apgar Score of nine? Of two?
3. Define the following mechanisms of the newborn: startle reflex, grasp reflex, and plantar reflex.
4. How do the reflexes listed above serve as defense mechanisms?
5. Newborn is the term used for an infant during the first ten to fourteen days of life. What are the newborn's coping techniques?
6. Do you think you can spoil newborns by responding to their crying? Explain your answer.
7. Babies start to develop a feeling of trust soon after they are born. Give examples of what parents can do to help babies develop this trust.
8. Describe what a newborn baby looks like.
9. What are the competencies of a newborn?

OTHER READING

- Gruenberg, Sidonie. *The New Encyclopedia of Child Care and Guidance*. 2d ed. New York: Doubleday and Co., 1968.
- Isacss, Susan. *The Nursery Years: The Mind of the Child from Birth to Six Years*. New York: Schocken Books, 1968.
- Martin, Phyllis C., and Vincent, Elizabeth Lee. *Human Psychological Development*. New York: The Ronald Press, 1961.
- Smart, Mollie S., and Smart, Russell C. *Children: Development and Relationships*. New York: Macmillan Publishing Co., 1978.
- Watson, R. I., and Lindgen, Henry C. *Psychology of the Child*. New York: John Wiley and Sons, 1973.
- With Best Wishes for a Happy Birth Day from the National Foundation*. New York: The National Foundation March of Dimes.

7 Infancy: Physical Development



Herbert Goldberg

*"Did you know, Cissy, that we mature three years
earlier than preceding generations?"*

Reprinted by permission of Herbert Goldberg.
From *Saturday Review* (8/31/68), © 1968.

Maturation is the process of coming to full development. It is the emergence of personal characteristics and behavior through the growth process. The opening cartoon illustrates a fact that is becoming more and more evident today, namely, that children mature at an earlier age than in the past. This accelerated growth rate may be due to several factors: scientific and medical advances, increased knowledge of psychological needs, and better nutrition.

The infant should be thought of as a continually developing biological organism. Infancy is the period of life when development is most rapid. The intensity and range of learning during this time exceeds that of any other period. Maturation is clearly evident during this period and is dramatically exemplified by physical growth.

As explained in Chapter 6, newborns weigh, on the average, 3 or 3.6 kilograms (7 or 8 pounds) and are about 50 centimeters (20 inches) long. After the first month or so, babies begin to look like babies seen in advertisements and photo albums—chubby and smooth-skinned with button noses. New coarser hair comes in during infancy replacing the fine black hair of the newborn, if he or she had it. Compared with older children, babies have large foreheads, large eyes, small noses, small chins and plump cheeks. Their hands and feet are chubby and their abdomens round. Their skin is soft and delicate. In four or five months their birth weight is doubled. It is tripled in a year. Their height is doubled at about two years of age.

Locomotion

The newborn has no effective means of movement from place to place. From its supine (face up) or prone (face down) position it may shift about a bit. This movement, however, can hardly be called locomotion.

The five developmental stages of locomotion occur as follows:

1. sitting with support; 2. sitting alone; 3. active efforts toward locomotion; 4. creeping and walking with support; 5. walking alone.

The last stage occurs around thirteen months, although some children walk alone as early as ten months or as late as seventeen months. Each of these stages is a prerequisite for the next one.

Each infant develops his or her own unique pattern of growth. Some children move from one stage to another very rapidly but then remain longer in the next stage. Progress is determined by maturation of various parts of the brain as well as the satisfaction that infants obtain from any one stage. For example, babies who are very proficient in crawling may

find that their needs for locomotion are met in this way and do not try very hard to proceed to the next step. Then when they do strive to walk and meet with an accident or overprotection by adults they may continue to crawl for a longer period until their physical growth is such that they are as proficient at walking as they are at crawling. The baby's world expands and stimulation increases greatly when he or she learns to move from one place to another.

The parts of the brain concerned with locomotion grow as the baby passes through the locomotor sequence. The motor region of the cortex matures faster than the other regions. The cerebellum, concerned with balance and posture, grows slowly during the first few months, but then rapidly between 6 and 18 months. The sequence of motor development for the first two years of life is shown below.¹



1. Adapted with permission of Macmillan Publishing Co., Inc. from page 111 of *Children: Development and Relationships* by Russell C. and Mollie S. Smart. Copyright © 1967 by Macmillan Publishing Co., Inc.

The following sequence describes in detail the locomotor development during the first and second year.²

FIRST YEAR

1-3 Months

- lifts chin up slightly when lying in the prone position
- pushes with both feet against the examiner's hand
- holds head up for a few seconds
- lifts head up high when lying prone
- kicks feet vigorously when lying down
- moves about in bath, kicks feet, etc.
- lifts head up slightly when in dorsal position
- rolls from side to back



2. Adapted from Ruth Griffiths, *The Abilities of Babies*, pp. 140–142. Copyright © 1954, University of London Press Ltd. Used by permission of Hodder and Stoughton, England.

4-6 Months

holds back up firmly when held in sitting position

lifts head and chest up when lying prone

holds head erect continuously

lifts head and shoulders when in dorsal position

rolls from one side right over to the other

plays with his or her toes

demonstrates first crawling reaction: pushes on hands, draws up knees, etc.

sits with slight support—for example, can be left sitting among pillows in chair or crib



7-9 Months

- rolls over from back to stomach or from stomach to back
- demonstrates first stepping reaction: moves feet alternately as if dancing when held up
- tries vigorously to crawl, using both hands and feet
- sits alone for a short while
- stepping reaction: feet now go definitely one in front of the other
- turns around when left lying on the floor
- can be left sitting on the floor
- makes some progress crawling forward or backward



10–12 Months

stands when held up

sits well in a chair

pulls himself or herself up from crawling or sitting by grasping the furniture

stands holding on to furniture

creeps on hands and knees, or gets about freely by some other method—for example, bear walk

sidesteps around the inside of crib or playpen, holding on to railings

walks when led, adult holding one or both hands



SECOND YEAR

13-15 Months

climbs onto a ledge or step when crawling
stands alone
walks alone, at first unsteadily
kneels on floor or chair, balances in this position
climbs the stairs, climbing up but not yet down
likes to walk pushing a toy or cart



16-18 Months

- trots about well
- stoops to pick up a toy without losing balance
- climbs into a low chair
- walks backward
- likes to walk pulling a toy on a string



19-21 Months

climbs stairs, up and down

jumps, may give a little jump when standing if pleased, with both feet off the floor together

runs

walks upstairs, holding adult's hand, etc.

climbs and stands up on a chair



22-23 Months

jumps off a step, both feet off the ground together
seats himself or herself at a table, placing chair first
walks up and down stairs, but holding adult's hand or bannisters
kicks a ball
climbs stairs confidently



Manipulation

Babies use their hands to find out about the world and change it. They cannot do much with their hands until they can sit up, although they try in the early weeks. Studies of how babies learn to use their hands have shown that there are four steps involved in the process. These steps are: 1. making eye contact with the object; 2. approaching the object with the hand; 3. grasping the object; 4. disposing of the object. At first these steps are accomplished with little skill or accuracy by the baby, but as he or she matures his or her actions become more refined, fluid, and directed.

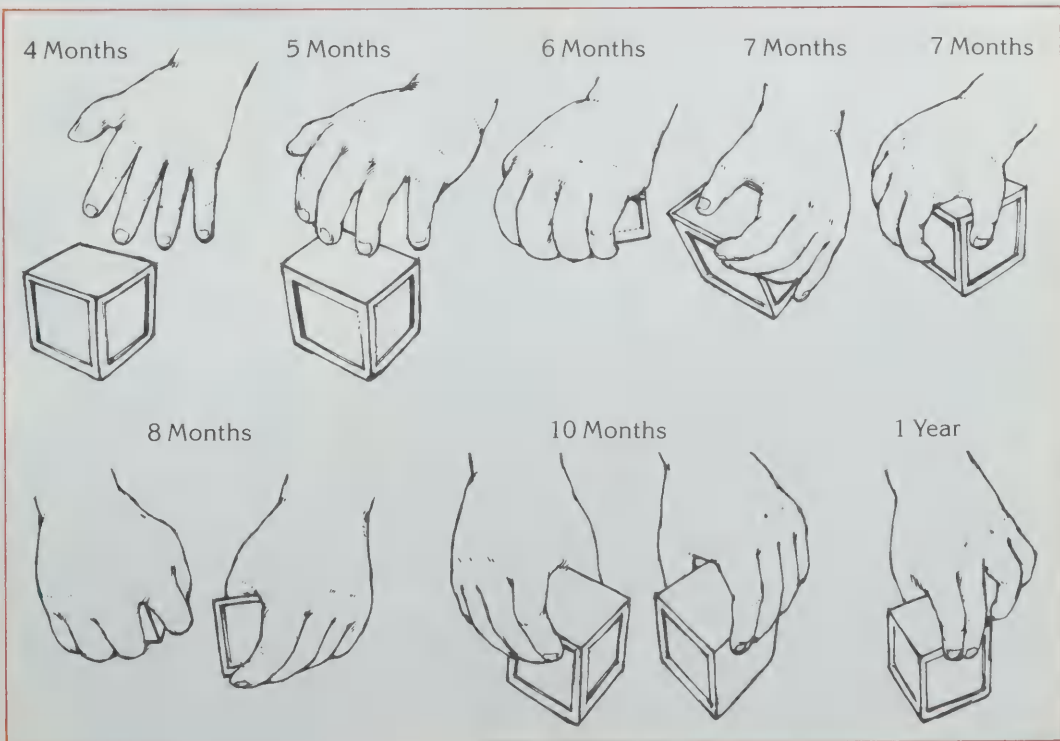
Using our hands actually takes great skill. We take for granted the coordination that is required to tie a shoe lace, peel an orange, or wind a watch. Fine prehension, that is, the ability to pick up and hold small objects, requires coordination of the fingers, hands, and arms. It also requires good visual attention. This coordination does not come readily to the baby. It takes several weeks and months for his or her nerves and muscles to mature. It also takes time for the child to learn about his or her environment.

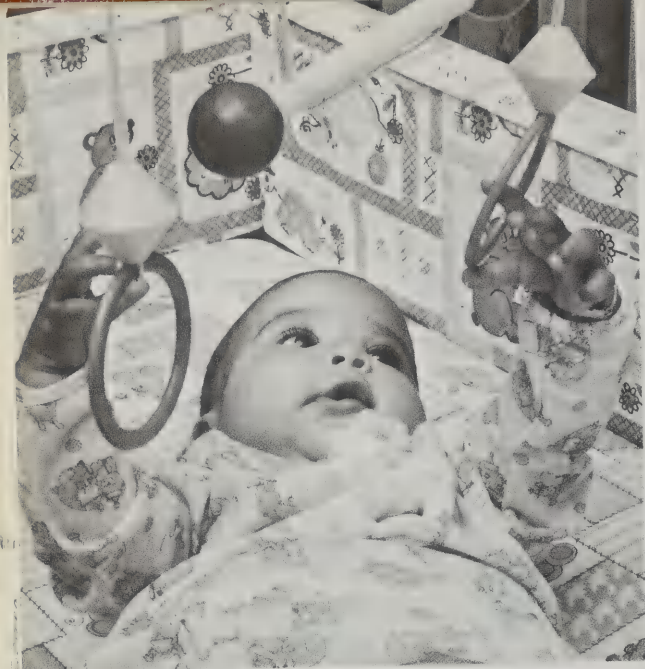
During the first three months, babies contact objects with their eyes more than with their hands. At first they regard objects in their line of vision only and just for a few seconds. In a short time, they are following moving objects in many directions and regarding them more than momentarily.

The grasp reflex, present at birth, is still strong during the first three months. This reflex consists of grasping anything that is placed against the palm. The grasp reflex disappears before the first half year.

As this reflex weakens, babies begin to grasp objects that they touch with their hands. They make their first attempts at reaching around four months old. Before grasping an object, they make visual contact with it and approach it with their hands. Their first reaching movements are awkward. Both of their arms are active and their whole body strains as they reach. They exhibit crude shoulder and elbow movements. By six months of age, their first approach is likely to yield success in reaching an object. From four to six months, a baby's reaching movement seems to consist of three separate acts, raising a hand, thrusting it forward, and lowering it. Up to seven months old, babies raise their hands rather high when reaching for an object. From seven months to one year, they lower the height of their approach. By ten months, their reaching movement is fluid and better directed. There is no trace of the three separate acts. Their reach is now graceful and accurate.

Infants' first attempts at grasping an object are just as awkward as their first attempts at reaching one. Six-month-old infants lack the fine dexterity needed to pick up an object gracefully and accurately by using a thumb and forefinger grasp. One of a baby's first grips involves the palm. When reaching for an object a six-month-old baby positions his or her forearms directly above an object and uses a palm grasp to secure it. His or her thumb generally points down from his or her extended hand giving a paw-like grasp. At this time a baby might use the other hand to assist in grasping the object. By seven months of age, infants begin to lose their clumsy paw-like grip. Finger manipulation is becoming evident. At ten months old, infants can grasp small objects with thumb and forefinger. As infants mature, their grasp becomes more refined and precise. Around fifteen months of age, their grasp is much like that of an adult. One hand can now do one thing while the other does something else. The two hands also work smoothly toward one goal. Gradually through this sequence of development, one hand becomes the preferred hand, to be used as the leader in manipulation.





When children begin to toss toys off a highchair tray or out of a playpen, their development is progressing normally. Most parents do not appreciate this stage. Often we hear them complain about having to pick up children's toys constantly and consequently threatening to take them away from him or her. By showing annoyance with children's accomplishments rather than pride in their normal healthy growth, the parent may retard future development. A parent's attitude, whether it is encouraging or discouraging, does not go unnoticed by children.





Sense of Self and Growth

In infancy, locomotor growth is closely linked with the sense of self. The first development in the sense of self is the sense of trust. This sense of trust lays the groundwork for a feeling of security throughout life.

The sense of trust is well established if infants' basic physiological needs are met. Beginning with the first experience of securing food and receiving care, the growth of trust continues through experiences with people and things. If babies continue to receive care they become confident that they will be fed when hungry, dried when wet, rocked when restless, and stimulated when bored. They also grow confident that they can be influential in causing these satisfying experiences to happen.

The person who creates these good-feeling experiences (usually the mother) comes to stand for trust and security. Thus, a four-month-old baby crying from hunger will stop crying and even smile when he or she sees mother or hear her footsteps, trusting that he or she will be fed.

Building trust also involves learning that people or objects of trust exist even when they cannot be seen. The game of peekaboo dramatizes the appearance and disappearance of trusted people and objects. When playing peekaboo infants live and relive the frightening situations that have happy endings. As they learn that their mothers exist apart from them, they also learn that they exist apart from their mothers. Their sense of self begins from this knowledge and grows as they explore their own bodies. Fingering a toy or blanket gives a certain sensation; fingering their own hands gives another. Reaching, grasping, securing, releasing, and touching, all tell them about themselves and other things. They learn what they can do or what they can trust their bodies to do. If they feel good about other people, outside objects, and themselves, the sense of trust grows. If they experience much discomfort, disappointment, and anxiety, the feeling of mistrust develops. This feeling may lead to an attitude of fear and suspicion toward the world and may persist into the adult years.

The Parent and Sensorimotor Development

Mothers and other family members help babies know the world and deal with it. When they cuddle, kiss, stroke, sing, or talk to babies they are really teaching. Picking up babies gives them a rich field of perception—touch sensations, muscle sensations, inner ear stimulation, and a completely different visual world. Their knowledge of the world is acquired through sensory experiences. Picking up an infant is only one small act among the many educational acts people perform. Propping children up,



giving them toys, and frequently changing their position to prevent fatigue and boredom also enrich their sensory experience.

Too many people who care for infants do not realize the real importance of their jobs. Infant care is often viewed with boredom and may be carried out with little or no enthusiasm. This may be due, in part, to the fact that caretakers do not understand what they should be expecting or doing. Such boredom may also stem from the fact that our society does not recognize child care as a valuable career. It is romanticized in literature, poems, and songs but not given a place of prestige on the career ladder in our culture. Parents often take it for granted. While raising children has sentimental and familial importance, it does not provide many parents with the gratification of a career. Actually, rearing fine children can be parents' most significant contribution to society and can give them their most enduring satisfaction. However, for child care to be a challenging and purposeful job, the concepts of child development need to be understood and appreciated. Parents also need to understand themselves as much as possible. Some of a parent's concerns are due to his or her own personality problems.

CASE STUDY

Mrs. D. did many activities with Beth, such as talking and singing to her when she was a tiny baby. She also hung mobiles, played with her, and helped her grasp toys.

Mrs. E. had been a busy person, preferring a neat house to giving Carrie time. She always hoped that Carrie would not wake up early or would take long naps. Beth and Carrie were born a few days apart and their families were neighbors.

As time went on, Mrs. D. could see that Beth vocalized, reached for objects, handled them, mouthed them, and crawled earlier than Carrie. Carrie's parents were very intelligent and Mrs. D. wondered if the differences between Beth and Carrie were not due to Mrs. D.'s spending time with and enjoying Beth, rather than to Beth's being brighter than Carrie. There had been articles in the paper saying that with the appropriate amount of stimulation babies were not necessarily smarter but did things a little earlier than the baby who was left alone a great deal. The appropriate stimulation would in time result in more knowledge at an earlier date.

QUESTIONS

1. Define these terms:
maturation sense of self locomotion motor development
2. The motor development of children follows the sequence of:
 - a. trunk, head region, arms and hands, legs
 - b. head region, trunk, arms and hands, legs
 - c. head region, arms and hands, trunk, legs
 - d. arms and hands, head region, trunk, legs
 - e. trunk, arms and hands, head region, legs
3. Donna is three months old. Her motor development is normal for her age. One can expect that Donna will:
 - a. push her chest clear of the surface on which she is lying with her hands
 - b. follow objects she is looking at by moving her head
 - c. chew on objects to relieve the discomfort of teething
 - d. discover her toes and fingers
 - e. bring her hands or objects to her mouth at will
 - f. roll completely over

4. Tom is one month old. His motor development is normal for his age. One can expect that Tom will:
 - a. lift his head from time to time when held to the shoulder
 - b. follow objects he is looking at by moving his head
 - c. eat at frequent intervals, requiring two or more night feedings
 - d. recognize his mother from people in general
5. Phyllis is twelve months old. One can expect that Phyllis will:
 - a. climb stairs or chairs
 - b. walk with help
 - c. try to stand on one foot
 - d. lower herself from a standing to a sitting position
 - e. wave good-bye³
6. Give an example of how trust can be developed.
7. List three skills of manipulation that children usually learn by the time they are twenty-four months old.

OTHER READING

Children's Bureau. *Your Baby's First Year*. Washington, DC: Government Printing Office, 1962.

Erikson, E. H. *Childhood and Society*. New York: W. W. Norton and Co., 1963.

Gesell, Arnold, et al. *The First Five Years of Life*. New York: Harper & Row, 1940.

Halverson, H. M. "An Experimental Study of Prehension in Infants by Means of Systematic Cinema Records." *Genetic Psychological Monographs*, 1931.

Hunt, J. M. *Intelligence and Experiences*. New York: Ronald Press, 1961.

Lowrey, G. H. *Growth and Development of Children*. 7th ed. Chicago: Year Book Medical Publishers, 1978.

Smart, Mollie S., and Smart, Russell, C. *Children: Development and Relationships*. New York: Macmillan Publishing Co., 1978.

3. Problems 2, 3, 4, and 5 are taken from Marjorie Brown and Jane Plihal. *Evaluation Materials for Use in Teaching Child Development* (Minneapolis: Burgess Publishing Co., 1966), pp. 26-27.

8 Infancy: Intellectual-Emotional Development

THE FAMILY CIRCUS

By Bil Keane



THE FAMILY CIRCUS By Bil Keane reprinted courtesy of The Register and Tribune Syndicate, Inc.

There is no time between birth and death when the personality is not developing. Each person is an individual with his or her own emotional and intellectual needs. The opening cartoon illustrates this point. Each child has his or her own ideas, dreams, interests, and skills. Infants, just as older children and adults, must be recognized as unique individuals who are growing both intellectually and emotionally.

Throughout the first few years of life, children engage in learning activities with natural enthusiasm and delight. Infancy, in particular, is a time of extremely rapid intellectual, emotional, and physical growth. It is a period when primary emotional relationships are formed. It is also the time when children begin to explore, manipulate, and master their environment.

Studies of how people learn have indicated that the period from birth to about six years of age is important for the individual's cognitive development. Cognitive development refers to the ability to think. Psychologists estimate that 50 percent of mature intelligence is developed by the age of four. Another 30 percent is developed by the age of eight. Research has also indicated the advantages of early stimulation of an infant's emotional and intellectual functions. Some psychologists, in fact, believe that if children do not receive proper stimulation at the right time, that is when they are very young, they will not reach their full intellectual and emotional potential.

Emotional Growth

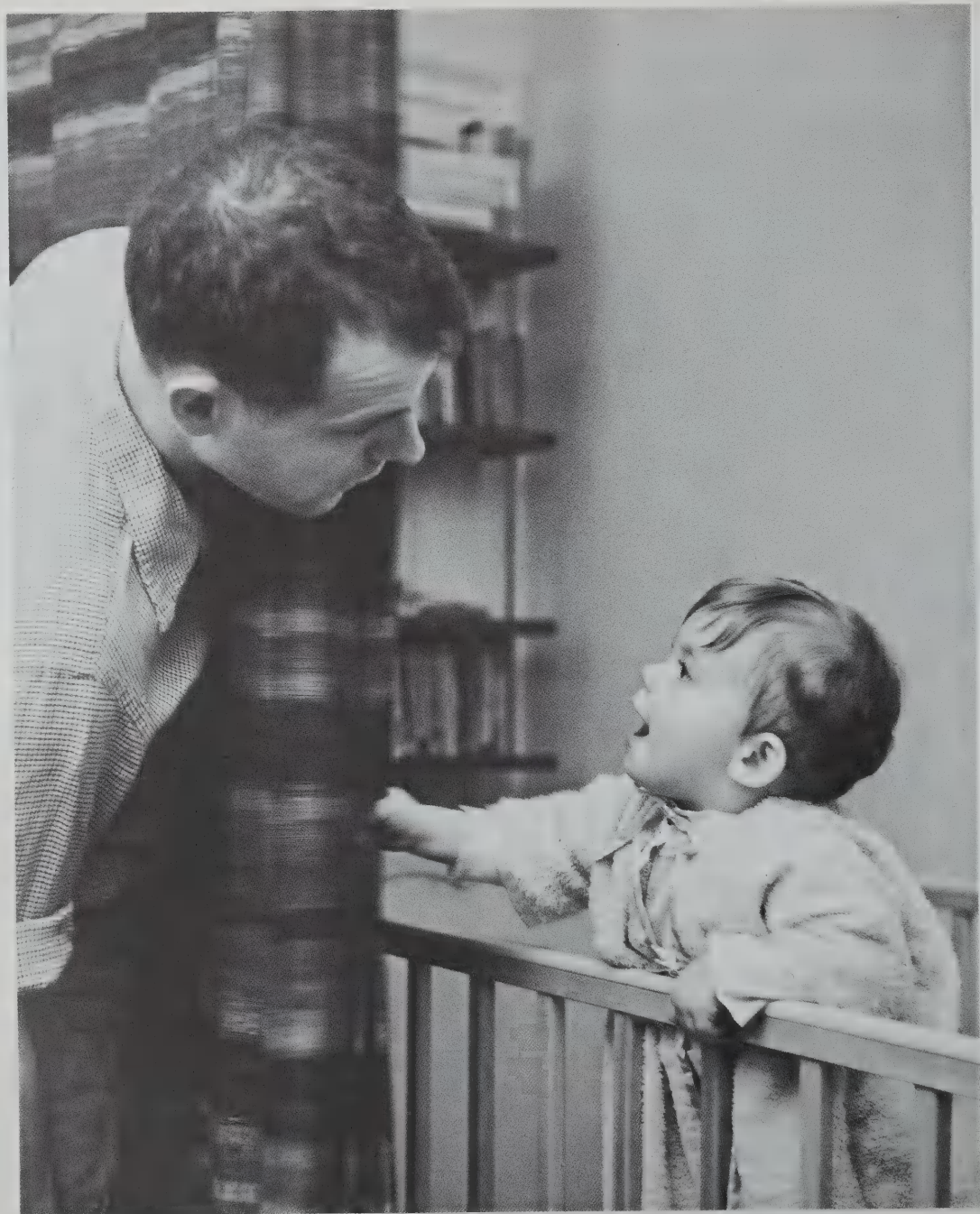
There are two major stages of emotional growth. The first is the symbiotic period. During this stage, babies experience oneness with their mothers. In other words, they cannot distinguish their mothers as separate from themselves. The next stage is individuation. In this stage babies learn that they are people separate from their mothers and that their mothers are persons separate from them. Individuation occurs between five months and three years, and progresses in the following steps.

Emerging from Oneness (5 to 10 months). The first phase is marked by experiments in separation. Infants begin to explore their mothers' faces and hair. They learn that their mothers have mouths and that they have mouths. They learn that their mothers have eyes and that they have eyes. Their fumbling attempts at feeding themselves and then trying to feed their mothers are also experiments in separation.

Another experiment in separation that begins at this time is the game of peekaboo. This game is an index of the child's emotional and intellectual growth. Dawn, five and one-half months old, kicks her feet and



giggles under a light blanket that is gently tossed over her head by her mother. When her mother pulls off the blanket and exclaims, "Peekaboo," Dawn is delighted. Several days later, Dawn covers her own face with the blanket. As her mother approaches, Dawn kicks and laughs. When her mother remains quiet, Dawn, in turn, lies quietly, waiting for a response. With her face still covered, she kicks and giggles again. Seconds pass. She remains still. Then, as if the silence is too much, she frantically grabs the blanket from her face. She looks a little startled, but then her face lights up with a big smile.



Dawn's behavior indicates that even small babies are ready and willing to try brief separations, that they can carry in their minds a memory of someone they love, and anticipate the joy of seeing them. Her behavior may also be viewed as an early form of teasing or joking.

In a more general sense, Dawn's initiation of the peekaboo game relates to a growing capacity to: (1) make a decision, (2) put the decision into effect, (3) recognize desirable and undesirable results, and (4) respond to the situation brought about by her own efforts. In fact, "intelligence" is neither too general nor too exaggerated a term to describe what Dawn is developing. From the moment of birth, infants are trying with every bit of their energy to come to grips with their environment and establish mastery over it.

What part do parents play in this first step described as emerging from oneness? Perhaps the best way to measure their influence is to examine what would happen if they did not respond to the child's playful behavior. Suppose that in the situation just described, Dawn met with no encouragement. Her mother was too busy. She would change Dawn's diapers, then go about her own work. If Dawn's playful attempts were regularly met with little interest, she would probably not continue to make such efforts. Thus her progress would be thwarted.

The emotional deprivation that babies suffer when an adult fails to establish a close relationship with them through play and affectionate care is difficult to replace later on. Parents should talk to the baby and encourage a give-and-take of response to his or her sounds. Progress toward language is nurtured by the parents' talking and responding to the baby. In addition, body movements and gestures affect infants' language acquisition, formation of abstract concepts, and development of confidence.

The peekaboo game actually helps to illuminate the whole process of early learning and the part parents play in it. It indicates, for example, that the games babies play are often in earnest. The toddler who reaches his or her arms high above when mother says "so-o-o big!" is learning about spatial relationships. The infant who drops a ball into a box is asking for more knowledge about the container and the thing contained in it. The nine-month-old who goes to a radiator and pokes an exploring finger at it will probably learn about the concepts of hot, cold, and burn.

From six to ten months, the mastery of creeping and standing transforms infants into active individuals. They begin to look beyond their immediate visual field and scan the faces of strangers. There are also indications of turning from their mothers to seek their comfort and pleasure elsewhere, a strong sign of emerging from oneness. This is the time when soft blankets and nighttime bottles become precious objects that babies may refuse to give up.

PEANUTS®

By Schulz



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Birth of an Individual (10 to 18 months). During this period babies learn new motor skills. As they start to walk and their hand movements become more coordinated, they enjoy exploring. With their new ability to get around by themselves (they can now be called toddlers), they venture farther and farther from their mothers. Often they become so absorbed in their own activities that they are oblivious to their mothers' presence. They might not even notice when a toy near them is snatched away by another child.

Children's great interest in their bodies is characteristic of this phase and represents a major step in learning that they are individuals. Genital play which starts at this time indicates healthy development. Its absence may be cause for concern. Preoccupation with genital play, however, may indicate boredom, insecurity, and a need for parental guidance.

During the first half of the second year, the child's experiments in separation pose a serious challenge to some mothers since they must encourage their child's independence and still be available when needed. They must also deal with the stubborn, negative behavior that is part of

CASE STUDY

When fourteen-month-old Bobby decided to feed himself his cereal, he was very inept at it and his mother provided a large bib with a pocket to catch what didn't reach its proper destination. She put plastic on his table so she could gather more of what didn't get inside Bobby. When he tired of trying, she took over feeding him. This went on for a short time and then she announced to his father, "Just when he seems to be able to do a fair job of feeding himself, he doesn't want to do it any more." Putting adult ways of thinking in Bobby's mind, he could be thinking, "I proved I could do it. I am capable. I am not interested in doing it any more."

CASE STUDY

While walking one day a grandmother, mother, and fourteen-month-old girl approached a curb on the sidewalk. Suddenly the little girl announced vigorously, "Me do, me do." A very understanding mother and grandmother said, "OK," and stood on each side of the child, not helping but ready to catch an unsteady but determined little girl. She barely managed to step down without falling and seemingly she sensed she was making it, because she grasped her mother's skirt about the moment she accomplished her task.

the child's learning how to say "no." It is often difficult at times to reach a balance between offering support and fostering independence.

In this phase, the child's response to brief separations from his or her mother is particularly interesting. When the mother leaves for the first few minutes, the child withdraws into himself or herself. He or she focuses all attention on the memory of his or her mother. Since his or her inner image of the mother is unstable, he or she soon becomes upset. The same response occurs when the child is left with a new babysitter. If possible, at this age, it is wise to have the sitter care for the child a few times while the mother is at home.

Senior Toddler (18 to 24 months). Junior toddlers become senior toddlers when their walking improves and their self-awareness increases. In an effort to share their lives, senior toddlers keep bringing objects to their mothers and demonstrating new skills. At this time their behavior is marked by extremes. Sometimes these toddlers cling to their mothers to the point where they are always underfoot, while at other times they dart about hoping to be chased or scooped up in their mothers' arms. The

elated mood, characteristic of earlier months when they behaved as if they owned the world, vanishes.

As new skills permit moving away from mother, a child can feel much more helpless and lonesome. Feelings of separateness and aloneness may eventually lessen his or her self-esteem. A mother needs to recognize that this is a vulnerable period for the child, and act accordingly. She needs to understand how the child feels about separateness in order to pace her separateness from him or her. By giving renewed acceptance and support, the mother can help the child weather this normal crisis.

Falling asleep represents a new dual separation—from mother and from light. It is not surprising that sleeping problems, especially difficulties in going to sleep, are common between the ages of eighteen and twenty-four months. In fact, some type of sleep disturbance, including waking during the night, is almost universal. A night light or the mother's or father's presence with the child for a short time after the light is turned out is often helpful. Taking children into bed with their parents is less helpful. The first measure encourages their children to master the separation. The latter tends to retard the process.



Toddlers have a very specific relationship with their mothers. Often when they need something only their mothers can help them. During this time fathers need to be reassured that it is just a phase and the children will come back to them soon.

Graduate Toddler (25 to 36 months). Children now have more speech and fantasy. They also have an interest in other adults, and in general, a greater sense of reality. These factors enable them to tolerate separation from their mothers for even longer periods of time.

Towards the end of their third year, children can make many distinctions. They know animate from inanimate, inside from outside, and themselves from others. At the end of this stage children are usually ready for preschool.



Intellectual Functions

We use the term cognitive development to refer to the ability to think. According to Piaget, a developmental psychologist, cognitive development takes place in stages. The first major stage goes from birth to about eighteen months. It is called the period of sensorimotor intelligence. At the end of this stage the infant has established a basic knowledge of the world. Piaget describes the six substages of this period as follows.

Simple reflex action. Infants first learn about the world through their reflexes. By sucking, blinking, and grasping, for example, they experience their environment.

Primary circular reactions. Infants learn to touch their fingers together and then to their mouths. They repeat simple acts like thumb-sucking or fingering a blanket.

Secondary circular reactions. Infants now learn to manipulate events or objects in their environment. When a change in the environment results from their actions, they are likely to repeat those actions. For example, infants who learn that they can move a mobile above their beds by kicking or wiggling tend to repeat their actions.

Coordination of secondary schemas. In this substage infants put more than one plan into action. Their behavior is truly intentional. For example, they hit toys with hopes of grasping them.

At this time object-permanence begins to develop, that is, a child learns that an object (mother, bottle, etc.) exists even though it is moved, hidden, or placed in a new relationship with other objects.

Tertiary circular reaction. Instead of merely repeating interesting events, babies try to produce new events. At first, they look for the vanished object in the place where they found it. Later, they look for the vanished object in the place where it disappeared instead of in the place where they last found it.

Throwing and dropping toys are common kinds of play at this age. Through this type of play, infants examine movements of objects, as well as disappearance and reappearance of objects. Thus, this type of play helps infants build their understanding of the permanence of objects.

Invention of new means through mental combinations. Instead of having to go through a series of sensorimotor explorations, toddlers find solutions mentally. They show these new powers by imitation, pretending, and insightful problem solving. For example, by washing the face of a favorite teddy bear the toddler is using his or her mental image of his



or her mother's behavior. Thus, when infants imitate a past event, they show that they have a mental image of it. When they pretend, they use a mental image of a behavior pattern to act out that pattern in a new situation.

The achievement of imitation, pretending, and insightful problem solving marks the end of the sensorimotor stage. The average age for beginning and ending a stage is always approximate.

QUESTIONS

1. Why is early stimulation of intellectual and emotional functions important?
2. What is the symbiotic period?
3. What is the individuation period?
4. Why is peekaboo important?
5. Discuss in a brief story an experience or observation of a young infant. Give the age and behavior of the infant.
6. How can understanding the importance of the early activities of infants influence your responses to them?
7. Why does the ability to walk make the child more afraid of being alone? How can parents handle this feeling of aloneness?
8. Pair each stage below with the appropriate stage of intellectual development as defined according to Piaget.
 - a. sucking the thumb
 - b. feeding a doll at a small table
 - c. looking for a toy behind the sofa pillow where it was previously hidden
 - d. sucking the bottom of the bottle because the nipple is not visible.
9. Why is the age for each of Piaget's stages of intellectual and emotional development approximate rather than definite?

OTHER READING

- Athey, I. J., and Rubadeau, D. O. *Educational Implications of Piaget's Theory*. Lexington: MA, Ginn and Company, 1970.
- Breckenridge, M. E., and Murphy, M. N. *Growth and Development of the Young Child*. 7th ed. Philadelphia: W. B. Saunders Co., 1963.
- Children's Bureau. *Your Baby's First Year*. Washington, DC: Government Printing Office, 1962.
- Erikson, E. *Childhood and Society*, 2d ed. New York: W. W. Norton & Co., Inc., 1963.
- Flavell, J. H. *The Developmental Psychology of Jean Piaget*. Princeton, NJ: D. Van Nostrand Co., Inc., 1963.

- Hunt, J. McV. *Intelligence and Experience*. New York: The Ronald Press Co., 1961.
- Murphy, L. B. *The Widening World of Childhood*. New York: Basic Books, Inc., 1962.
- Piaget, J. *The Origins of Intelligence in Children*. New York: W. W. Norton & Co., Inc., 1963.
- Smart, Mollie S., and Smart, Russell C. *Living and Learning with Children*. Boston: Houghton Mifflin Co., 1978.
- Stone, L. J., and Church, J. *Childhood and Adolescence*. New York: Random House, 1979.
- Stone, L. J., Smith, H. T., and Murphy, L. B. (Eds.). *The Competent Infant: Research and Commentary*. New York: Basic Books, Inc., 1978.
- Westlake, Helen Gum. *Relationships: A Study of Human Behavior*. Lexington, MA: Ginn and Company, 1980.
- White, Burton L. *The First Three Years of Life*. New York: Avon Books, 1978.
- White, B. L., et al. *Experience and Environment: Major Influences on the Development of the Young Child*, Vol. II. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1978.



UNIT **3** THE
PRESCHOOL
CHILD



9 Preschool Child: Physical Development



Preschool children seem to have boundless energy. The opening cartoon illustrates typical behavior of preschoolers. From the moment they wake up, they bounce to their feet and expect everyone to rise with them. For the rest of the day, they seem to be in constant motion.

In spite of their high energy, preschool children cannot concentrate their efforts on any one project for long. Young preschoolers tend to have shorter attention spans than older ones. For example, young preschoolers, around three years old, turn pages of a picture book very quickly. In contrast, older preschoolers, around five years old, weave simple acts together into more complicated activities which take more time to perform. To stack blocks and knock them down takes only a minute, whereas to make a town out of blocks with apartment buildings, fences, and street patterns, can take half the afternoon.

The chart on page 128 gives some insight into the motor development of children from two to five years of age. Note that each activity is listed because 50 percent or more of a group of children studied performed the particular activity. Children, however, differ from each other in



MOTOR DEVELOPMENT¹

Age Two	Age Three	Age Four	Age Five
<i>Eye-Hand</i>			
1. Puts on simple articles of clothing	1. Puts shoes on, unbuttons	1. Can use scissors to cut on line	1. Throws well
2. Can turn one page of a book at a time	2. Catches a ball with arms straight	2. Dresses self	2. Catches small ball with elbows at sides
3. Holds glass with hand	3. Copies circle and draws a straight line	3. Catches ball with elbows in front of body.	3. Fastens buttons he or she can see
4. Can draw circles	4. Pours from pitcher		4. Copies square
5. Builds block towers of 5 or 6 blocks	5. Builds towers 9 or 10 blocks high		5. Copies designs, letters, numbers
<i>Locomotion</i>			
1. Wide stance, runs well	1. Walks tiptoe	1. Descends steps—alternate feet	1. Narrow stance
2. Walks up and down stairs one step at a time	2. Stands on one foot	2. Does stunts on tricycle	2. Skips
3. Kicks large ball	3. Jumps from bottom stair	3. Gallops	3. Hops on one foot, 10 or more steps
4. Propels self with riding toys on casters	4. Hops, both feet		4. Walks straight line
5. Hurls ball	5. Rides tricycle		5. Descends large ladder, alternating feet easily
	6. Propels wagon, one foot		6. Handedness established

1. Adapted with permission of Macmillan Publishing Co., Inc. from page 195 of *Children: Development and Relationships* by Russell C. and Mollie S. Smart. Copyright © 1967 by Macmillan Publishing Co., Inc.

the speed with which they progress through a sequence of behavior patterns. They differ also in speed, power, and accuracy of their muscular coordination and in their balance and grace. Thus, when reading a chart that shows average development for various ages, it is important to keep in mind that is an overview of a group of children and does not describe any one child perfectly.

Growth from 2 to 5

Preschoolers do not grow as rapidly in height as they did during infancy. By three months, a baby's birth length has increased 20 percent. By one year, it has increased 50 percent and by two years, 75 percent. By about four years, a baby generally has doubled its birth length. Sex differences in height and weight are not very pronounced in the preschool years.

Body proportions change because various parts of the body grow at different rates. Development at first is more rapid in the head end of the body than the lower end. At age two the head is still large in relation to the trunk and legs. The abdomen sticks out since the short trunk has to accommodate the internal organs, some of which are closer to adult size than is the trunk. The toddler is top-heavy. The head itself grows according to the same principle, with the upper part closer to completion than the lower part. A large cranium and a small lower jaw give the characteristic baby look to a two-year-old. Between the ages of two to five, the legs, trunk, and jaw grow in relation to the head, and the body loses its diminutive or "cute" look. By the time preschoolers start kindergarten or first grade, their proportions more nearly resemble those of school age children than those of younger children.

Bones of preschool children have more cartilage and less density of minerals. Their joints are more flexible, and their ligaments and muscles are attached less firmly than older children's. Thus, it is easier to damage preschool children's bones, joints, and muscles by pressure and pulling. Their skeletal system is also very responsive to stresses such as malnutrition, fatigue, and infections.

The brain is more nearly complete, as to total weight. Much of the growth in brain size occurs prenatally. At birth the brain has attained about 25 percent of its adult weight. At six months of age it has grown to 50 percent. By the time the child is ten years of age his or her brain has gained 95 percent of its ultimate weight. At age five, the total nervous system is one twentieth the total body weight. The adult nervous system, in contrast, is one fiftieth of the total body weight.

CHANGES IN HEIGHT FROM INFANCY TO AGE FOUR



3 Months

1 Year

2 Years

4 Years

Food and Rest

Preschool children cannot afford to have many foods devoid of proteins, minerals, and vitamins. Their need for growth-promoting foods is great, yet their capacity for food intake is small. Their stomach can hold only half the capacity of the average adult stomach, but because they are so active their food energy requirements are more than half as great as that of adults. See the charts on pages 132-135.



**FOOD AND NUTRITION BOARD, NATIONAL ACADEMY OF
SCIENCES-NATIONAL RESEARCH COUNCIL
RECOMMENDED DAILY DIETARY ALLOWANCES,^a
Revised 1979**

FAT-SOLUBLE VITAMINS

	(Age) (years)	Weight (kg) (lbs)	Height (cm) (in)	Protein (g)	Vit. A (mg R.E.) ^b	Vit. D (mg) ^c	Vit. E (mg α T.E.) ^d
Infants	0.0–0.5	6 13	60 24	kg x 2.2	420	10	3
	0.5–1.0	9 20	71 28	kg x 2.0	400	10	4
Children	1–3	13 29	90 35	23	400	10	5
	4–6	20 44	112 44	30	500	10	6
	7–10	28 62	132 52	34	700	10	7
Males	11–14	45 99	157 62	45	1000	10	8
	15–18	66 145	176 69	56	1000	10	10
	19–22	70 154	177 70	56	1000	7.5	10
	23–50	70 154	178 70	56	1000	5	10
	51+	70 154	178 70	56	1000	5	10
Females	11–14	46 101	157 62	46	800	10	8
	15–18	55 120	163 64	46	800	10	8
	19–22	55 120	163 64	44	800	7.5	8
	23–50	55 120	163 64	44	800	5	8
	51+	55 120	163 64	44	800	5	8
Pregnant				+30	+200	+5	+2
Lactating				+20	+400	+5	+3

^a The allowances are intended to provide for individual variations among most normal persons as they live in the United States under usual environmental stresses. Diets should be based on a variety of common foods in order to provide other nutrients for which human requirements have been less well defined.

^b Retinol equivalents. 1 Retinol equivalent = 1 μ g retinol or 6 μ g carotene.

^c As cholecalciferol. 10 μ g cholecalciferol = 400 I.U. vitamin D.

^d α tocopherol equivalents. 1 mg d- α -tocopherol = 1 α T.E.

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Designed for the maintenance of good nutrition of practically all healthy people in the U.S.A.

WATER-SOLUBLE VITAMINS

MINERALS

Vit. C (mg)	Thiamin (mg)	Ribo- flavin (mg)	Niacin (mg N.E.) ^e	Vit. B ₆ (mg)	Folacin/ (mg)	Vit. B ₁₂ (mg)	Calcium (mg)	Phos- phorus (mg)	Mag- nesium (mg)	Iron (mg)	Zinc (mg)	Iodine (mg)
35	0.3	0.4	6	0.3	30	0.5 ^f	360	240	50	10	3	40
35	0.5	0.6	8	0.6	45	1.5	540	360	70	15	5	50
45	0.7	0.8	9	0.9	100	2.0	800	800	150	15	10	70
45	0.9	1.0	11	1.3	200	2.5	800	800	200	10	10	90
45	1.2	1.4	16	1.6	300	3.0	800	800	250	10	10	120
50	1.4	1.6	18	1.8	400	3.0	1200	1200	350	18	15	150
60	1.4	1.7	18	2.0	400	3.0	1200	1200	400	18	15	150
60	1.5	1.7	19	2.2	400	3.0	800	800	350	10	15	150
60	1.4	1.6	18	2.2	400	3.0	800	800	350	10	15	150
60	1.2	1.4	16	2.2	400	3.0	800	800	350	10	15	150
50	1.1	1.3	15	1.8	400	3.0	1200	1200	300	18	15	150
60	1.1	1.3	14	2.0	400	3.0	1200	1200	300	18	15	150
60	1.1	1.3	14	2.0	400	3.0	800	800	300	18	15	150
60	1.0	1.2	13	2.0	400	3.0	800	800	300	18	15	150
60	1.0	1.2	13	2.0	400	3.0	800	800	300	10	15	150
+20	+0.4	+0.3	+2	+0.6	+400	+1.0	+400	+400	+150	^h	+5	+25
+40	+0.5	+0.5	+5	+0.5	+100	+1.0	+400	+400	+150	^h	+10	+50

^e 1 NE (niacin equivalent) is equal to 1 mg of niacin or 60 mg of dietary tryptophan.

^f The folacin allowances refer to dietary sources as determined by *Lactobacillus casei* assay after treatment with enzymes ("conjugases") to make polyglutamyl forms of the vitamin available to the test organism.

^g The RDA for vitamin B₁₂ in infants is based on average concentration of the vitamin in human milk. The allowances after weaning are based on energy intake (as recommended by the American Academy of Pediatrics) and consideration of other factors such as intestinal absorption.

^h The increased requirement during pregnancy cannot be met by the iron content of habitual American diets nor by the existing iron stores of many women; therefore the use of 30–60 mg of supplemental iron is recommended. Iron needs during lactation are not substantially different from those of nonpregnant women, but continued supplementation of the mother for 2–3 months after parturition is advisable in order to replenish stores depleted by pregnancy.

ESTIMATED SAFE AND ADEQUATE DAILY DIETARY INTAKES OF ADDITIONAL SELECTED VITAMINS AND MINERALS^a

VITAMINS				
	Age (years)	Vitamin K (μ g)	Biotin (μ g)	Pantothenic Acid (mg)
Infants	0–0.5	12	35	2
	0.5–1	10–20	50	3
Children and	1–3	15–30	65	3
	4–6	20–40	85	3–4
Adolescents	7–10	30–60	120	4–5
	11+	50–100	100–200	4–7
Adults		70–140	100–200	4–7

^a Because there is less information on which to base allowances, these figures are not given in the main table of the RDA and are provided here in the form of ranges of recommended intakes.

Children have the best chance of eating well if they are well rested. Insufficient sleep leads to fatigue which can depress the appetite. A peaceful and pleasant atmosphere at mealtime is also necessary for a good appetite.

Taste sensitivity varies from one person to another, in preschool children as well as in adults. Children this age often prefer a vegetable raw rather than cooked. Such preference may be due to texture as well as flavor. In general, meals can be made more enjoyable for preschoolers if foods consist of different textures—crisp, chewy, and soft. The tactile quality of food seems to be as much a part of eating as taste for the preschooler. Children often want to feel the slipperiness of gelatin and spaghetti, the crinkliness of lettuce, and the soft, airy feeling of something whipped.

The appearance and atmosphere at the table can enhance or depress a preschooler's appetite just as it can an adult's. A meal consisting of bright colors and contrasts is more attractive to children than a meal in which the same color is repeated in every food.

The mood of the family at mealtime is also important. It affects children's psychological development, as well as their eating habits. It may, for example, lead to a feeling of autonomy, to use Erikson's terms, if they are encouraged to feed themselves, or it may lead to a feeling of shame, if they are frequently criticized for their eating habits. The mood of

TRACE ELEMENTS^a

ELECTROLYTES

Copper (mg)	Manganese (mg)	Fluoride (mg)	Chromium (mg)	Selenium (mg)	Molybdenum (mg)	Sodium (mg)	Potassium (mg)	Chloride (mg)
0.5–0.7	0.5–0.7	0.1–0.5	0.01–0.04	0.01–0.04	0.03–0.06	115–350	350–925	275–700
0.7–1.0	0.7–1.0	0.2–1.0	0.02–0.06	0.02–0.06	0.04–0.08	250–750	425–1275	400–1200
1.0–1.5	1.0–1.5	0.5–1.5	0.02–0.08	0.02–0.08	0.05–0.1	325–975	550–1650	500–1500
1.5–2.0	1.5–2.0	1.0–2.5	0.03–0.12	0.03–0.12	0.06–0.15	450–1350	775–2325	700–2100
2.0–2.5	2.0–3.0	1.5–2.5	0.05–0.2	0.05–0.2	0.1–0.3	600–1800	1000–3000	925–2775
2.0–3.0	2.5–5.0	1.5–2.5	0.05–0.2	0.05–0.2	0.15–0.5	900–2700	1525–4575	1400–4200
2.0–3.0	2.5–5.0	1.5–4.0	0.05–0.2	0.05–0.2	0.15–0.5	1100–3300	1875–5625	1700–5100

^b Since the toxic levels for many trace elements may be only several times usual intakes, the upper levels for the trace elements given in this table should not be habitually exceeded.

the family at mealtime may make the child feel agitated and anxious or happy and secure. Children have a better chance of eating an adequate meal in an atmosphere that is calm and pleasant rather than one that is tense and unhappy.

Atmosphere and attitudes are especially important when children are between the ages of two and three years old. This is the time when children's rate of growth begins to slow and thus their appetite decreases. Children at this age are striving to assert their own independence. They want to feed themselves, although at times they toy with their food and fuss over what they will and will not eat. They also want to select the amount of each particular food they eat, and feel that their behavior and decisions are acceptable to those around them. Forcing children to eat at this time may interfere with their developing sense of autonomy. Appropriate limits and restrictions, however, do not need to interfere with their progress. Children who are not disciplined at all, who are allowed to throw food or grab food from another person's plate are certainly not being helped in their development. In such situations, both the child and the family suffer.

Chart reproduced from: *Recommended Daily Dietary Allowances*, Ninth Edition (1979), with the permission of the National Academy of Sciences, Washington, D.C.

Mealtime, as we have noted, is important for a child's physical development, as well as his or her social and psychological development. Children should be given balanced meals that provide them with an adequate daily dietary intake of proteins, vitamins, and minerals to maintain good health and grow to their full potential. Children should also obtain the proper energy intake from their meals. A child's energy intake requirement is based on several factors, including age, size, health, and activity level. The chart on page 137 gives information on recommended energy intake and mean heights and weights for children and adults. It is important to keep in mind that individuals vary in their actual energy intake requirements.



MEAN HEIGHTS AND WEIGHTS AND RECOMMENDED ENERGY INTAKE

	Age (years)	Weight (kg) (lb)	Height (cm) (in)	Energy Needs (with range) (kcal) (MJ)
Infants	0.0–0.5	6 13	60 24	kg x 115 (95–145) kg x .48
	0.5–1.0	9 20	71 28	kg x 105 (80–135) kg x .44
Children	1–3	13 29	90 35	1300 (900–1800) 5.5
	4–6	20 44	112 44	1700 (1300–2300) 7.1
	7–10	28 62	132 52	2400 (1650–3300) 10.1
Males	11–14	45 99	157 62	2700 (2000–3700) 11.3
	15–18	66 145	176 69	2800 (2100–3900) 11.8
	19–22	70 154	177 70	2900 (2500–3300) 12.2
	23–50	70 154	178 70	2700 (2300–3100) 11.3
	51–75	70 154	178 70	2400 (2000–2800) 10.1
	76+	70 154	178 70	2050 (1650–2450) 8.6
Females	11–14	46 101	157 62	2200 (1500–3000) 9.2
	15–18	55 120	163 64	2100 (1200–3000) 8.8
	19–22	55 120	163 64	2100 (1700–2500) 8.8
	23–50	55 120	163 64	2000 (1600–2400) 8.4
	51–75	55 120	163 64	1800 (1400–2200) 7.6
	76+	55 120	163 64	1600 (1200–2000) 6.7
Pregnancy				+ 300
Lactation				+ 500

The energy allowances for the young adults are for men and women doing light work. The allowances for the two older age groups represent mean energy needs over these age spans, allowing for a 2% decrease in basal (resting) metabolic rate per decade and a reduction in activity of 200 kcal/day for men and women between 51 and 75 years, 500 kcal for men over 75 years and 400 kcal for women over 75. The customary range of daily energy output is shown for adults in parentheses, and is based on a variation in energy needs of +400 kcal at any one age, emphasizing the wide range of energy intakes appropriate for any group of people.

Energy allowances for children through age 18 are based on median energy intakes of children these ages followed in longitudinal growth studies. The values in parentheses are 10th and 90th percentiles of energy intake, to indicate the range of energy consumption among children of these ages.



Limits must also be established in regard to preschoolers' sleeping patterns. When motor activities are thrilling and the sense of autonomy is at a crucial stage of growth, children may find it very hard to accept bed and sleep. For these reasons, it is important to minimize excitement prior to bedtime. A set routine before bed reassures and soothes some children if it is not a hurried one. An affectionate but firm goodnight from parents may induce sleep in the resistant child.

The amount of sleep that a particular child needs is difficult to judge. However, the behavior of the child tells whether or not he or she is getting enough sleep. Signs such as good appetite, agreeable nature, cheerful, bright eyes, good posture, curiosity, and enthusiasm in meeting the day indicate that the child's sleeping patterns suit him or her.

Toilet Training

There are marked individual differences in the ages at which children develop control over their organs of elimination. It has been found that bowel control begins at six months and bladder control at sixteen months. By the time children are two years old, it is reasonable to expect that they will have control over their bowels, though temporary lapses may occur when children are tired, ill, or emotionally excited. Most children remain "dry" during the day between the ages of two and two and one-half years, though they have frequent lapses when they are tired or excited. It is

another year before they stay dry at night and this too is subject to many lapses. By the time children are ready to enter school, bladder control should be so complete that fatigue and emotional tension will not interfere with it to any degree.

The principle of developmental direction is involved in toilet training. Physical development occurs in a head to tail direction, with larger muscles developing faster than smaller ones. With this rationale in mind, it seems only reasonable that all of the muscles in the trunk region, those that control the organs of elimination, which are the finer muscles, are the slowest to come under voluntary control. In order for children to hold back waste products that are trying to emerge from their body, their muscles must be sufficiently strong and coordinated. Furthermore, nerves controlling these muscles must be myelinated (have a fatty sheath developed around them) before voluntary control can take over.

The later toilet training is begun the less time it will take. Children who begin training after twenty months tend to learn quickly and have little upset. Parents, however, must keep in mind that children will frequently have temporary lapses in control over their bowels and bladders. To regard children under the age of two as "problems" if they wet or soil themselves when they are still too immature to control their elimination is much the same as viewing children in the crawling stage as "problems" because they are still too immature to walk. When parents regard their children in this way and try to "train" them out of this behavior, children usually feel the pressure. If the pressure is great, they may feel that their parents disapprove of them. Eventually, they may feel that they have failed and will disapprove of themselves. This negative thinking serves only to frustrate their progress.

Influences on Adult Character

According to psychoanalytic theory, a child's early environment paves the way for later maladjustments. More specifically, if unusual deprivation or gratification in an infant's feeding behavior or experience occurs, certain personality characteristics will be present in adulthood. For example, if a child's hunger is not satisfied adequately on a regular basis, he or she may become a dependent and pessimistic adult. These feelings will be stronger when the person is anxious or insecure. The theory also holds that individuals who do not have their oral drives satisfied when they are young often have preoccupations with eating, drinking, or smoking. When emotionally upset, they may eat, bite their nails, drink, or engage in some other form of oral gratification.

If a child's oral drives have been overindulged, other personality problems may arise. Optimism and self-assurance may develop to a point beyond which these traits are desirable. Individuals who have received such treatment may be so sure that everything will turn out all right that they feel no need to work toward their goals.

Sometimes when oral drives are not met properly, the frustrated individual may develop ambivalent attitudes such as friendly-hostile, and aggressive-submissive. Such a person may be given to biting remarks, and later try to make amends by being friendly.

During the child's second year toilet training receives a great deal of attention. Children's attitudes which are forming at this time are influenced by their parents' particular attitudes. In varying degrees, all





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parents in our culture emphasize cleanliness. Attitudes toward cleanliness vary to be sure, but inevitably there are conflicts between the child's wishes and parental standards. In some homes, cleanliness has a moral aspect so that the dirty child becomes the bad child.

CASE STUDY

Jerry had been a vigorous eater as a small baby and had hung onto his bottle as soon as he was able to do it. When he started crawling he kept the bottle in his possession whenever possible. His mother became disgusted with his attachment to the bottle and deprived him of it abruptly—in other words, weaned him forcibly. Jerry resorted to sucking his thumb and developed into a hostile grabber of things, sometimes attacking those who frustrated him. He ground his teeth and became in time an avid nail-biter.

As an adolescent, Jerry indulged in food, particularly sweets and bottled drinks, when frustrated. If he had extra money he would buy himself presents to ease his sense of frustration.

Emotional problems during this stage may also result in maladjustments later in life. Excessive orderliness, stinginess, and stubbornness are some of the traits that may develop according to this theory. Orderliness in this context refers to both bodily cleanliness and to conscientiousness in the performance of petty duties. For example, sometimes there is a continuation of a childish desire to defy parents in toilet training which shows itself as adult obstinacy. Stinginess as a characteristic is a more direct continuation of the habit of anal retentiveness itself.

During the oral stage, infants are predominantly passive, inducing adults, particularly the mother, to do things for them. During the ages of one to three years, they become gradually less dependent on others. Thus, children's first three years take them from complete dependency to the beginnings of independent thought, action, and attitudes. They begin to manipulate their environment. They master walking, talking, and keeping clean. Experiences they have with these various developmental tasks and activities of early childhood may influence their personality traits in the years to come.

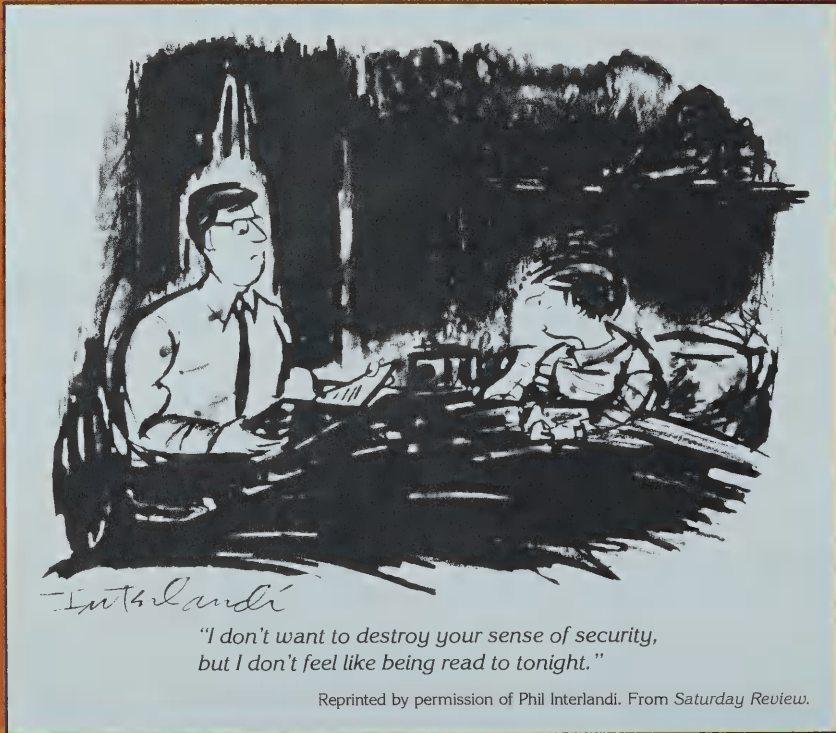
QUESTIONS

1. How does one study a chart on the motor development of children?
2. Observe children who are all the same age. What differences do you note? What likenesses?
3. Briefly describe the physical growth of a child from two to five years old.
4. How do the bones of a preschool child differ from those of an adult? How do these differences affect the way that you handle the child?
5. What is the correlation between food and rest?
6. Plan a week's menus for children from two to five which include the recommended daily dietary allowances.
7. What besides nutrients must be considered when planning food for children?
8. Why does it usually take less time to toilet train a child who begins training after twenty months?

 OTHER READING

- Blum, Gerald S. *Psychoanalytic Theories of Personality*. New York: McGraw-Hill Co., 1964.
- Freud, Sigmund A. *A General Introduction to Psychoanalysis*. New York: Liveright Publishing Co., 1920.
- Gesell, Arnold, et al. *The First Five Years of Life: A Guide to the Study of the Preschool Child*. New York: Harper and Row, Co. 1940.
- Jersild, A. T. *Child Psychology*. 7th ed. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1975.
- Sears, R.; Maccoby, E. E.; and Levin, H. *Patterns of Child Rearing*. Stanford: Stanford University Press, 1957.
- Smart, Mollie S., and Smart, Russell C. *Children: Development and Relationships*. New York: Macmillan Publishing Co., 1978.
- Watson, Robert I., and Lindgren, Henry C. *Psychology of the Child*. New York: John Wiley and Sons, Inc., 1973.
- Whiting, John W., and Child, Irvin L. *Child Training and Personality: A Cross Cultural Study*. New Haven: Yale University Press, 1953.

10 Preschool Child: Intellectual Development



During the preschool years, children progress toward more complex thinking. They leave the period of sensorimotor intelligence, the intellectual landmark of infancy, and enter the preoperational stage of thinking. Their capacity for thought increases and becomes more controlled than in the sensorimotor stage. They are now able to internalize, to some extent, external events and actions.

Preschool Thinking

There are several characteristics of preschool thinking. One characteristic is that thinking at this stage is relatively unsocialized. Children do not feel a need to justify their statements or explain how they came to their conclusions. They often ignore what people say when they are talking and take little note of how other people think. They begin to adjust their thinking to that of other people only as they become aware of themselves as thinkers and as they are able to consider several aspects of a situation at one time.

Another characteristic is that children's thinking focuses on physical objects and is based on perception rather than reason. Children are greatly influenced by what they see, hear, or experience at any given moment. They do not pay attention to transformations or changes from one state to another. For example, Dawn at age two was taken on vacation in January. She left snowpacked Chicago to fly to Jamaica where the temperatures were in the upper 80's. While there, she said that it must be summer in Chicago and was quite disturbed to see snow when she returned home.

One of Piaget's famous experiments illustrates this kind of thinking. The experiment involves pouring water from one glass container to another container, taller and thinner than the first. When asked whether there is more or less water or whether the amount is the same in the second glass, the child answers either that there is more because the container is taller, or less because the container is thinner. The child centers on either height or width, unable to take both into consideration at the same time. In contrast, a child who has reached the next stage of thought, the period termed concrete operations by Piaget, would consider both dimensions and would deduce that the amount of water is the same. In other words, the amount of water is conserved. The child would study it in relation to a higher level of water or a thinner container. Packers of household products often use this "deception" in packaging to make the consumer think that package A holds more than package B when, in reality, the weights of the packages are identical. Thus, the advertiser is really appealing to a very elementary stage of thinking and reasoning.



A third characteristic is that reasoning at this age is from the particular to the particular rather than from the general to the particular or the particular to the general. Thus the preschool child's understanding of the world lacks generality.

The fourth and final characteristic of the thinking of preschoolers is that thought is centered on one perspective, their own. They are egocentric and do not understand situations from any point of view except their own. Further, they do not realize that they are limited in this fashion.

An example of this self-centered thinking demonstrates the limitation. One hot day, a twenty-eight-month-old girl was trudging up a hill beside her mother. Suddenly she exclaimed, "Mom, oh, Mom, my arm-pits are wetting!" The emphasis here is on the word "my"; it was as if she were the only one ever to experience such a phenomenon.

Another example of egocentricity has been shown in an experiment conducted by Piaget on children between the ages of seven and eleven years. He presented each child with a model of a mountain scene and then determined whether the child could perceive that views other than the one

he or she was looking at did exist, even though he or she could not see them. Piaget was trying to discover whether the children had developed a mind's eye, a mental as well as a physiological capacity to "see." (He found that although there was a distinct lessening of egocentricity (i.e., that children began to perceive the possibility of the existence of a thing even though they were not seeing it), it did not entirely disappear. This should not surprise us since egocentrism is present in most adults to some degree or another.

Time Concepts¹

The lessening of egocentrism is clearly illustrated in a child's gradual understanding of the concept of time. This understanding derives from the child's own bodily needs and actions. The following list describes the extent of a child's concept of time at various ages between eighteen months and four years.

- 18 Months**—has a sense of time related to being hungry, tired, etc.
- 21 Months**—uses the word now; waits in response to the command wait a minute; will sit and wait in a chair
- 2 Years**—uses words today, now, and afterwards; understands that he or she can play after lunch; begins to use past tense of verbs
- 30 Months**—uses words that imply parts of the day such as morning, afternoon, and parts of a week such as tomorrow and yesterday; begins to understand past, present, and future concepts, although he or she uses future words more than past words
- 3 Years**—talks about the past and future as well as about the present; likes play watches
- 42 Months**—uses past and future tenses accurately; refinements in the use of time words: on Sundays, at Christmas time, it's almost time; some confusion such as, I'm not going to take a nap yesterday
- 4 Years**—has a clear understanding of the sequence of daily events and may know days of the week; broader concepts expressed by referring to the seasons of the year, or the name of the month

1. Adapted from L. B. Ames, "The Development of the Sense of Time in the Young Child," *Journal of Genetic Psychology*, Vol. 68, 1946, pp. 97–125. Used by permission of The Journal Press and the author.

CASE STUDY

A preschool teacher, trying to use three-year-old's concepts of time, pointed to a large wall clock and said, "See where the big hand is on the clock? It is up at the top, now. When it gets down to the bottom (pointing) it will be time to go home."

For the benefit of the children who would keep asking to go to preschool during Christmas vacation, the teacher said that they had to get their Christmas presents first and then Mommy or Daddy would put a circle around the day they were to come back (showing it on the calendar). They could cross out each day as they went to bed at night. Finally they would come to the day with a circle and come to preschool.

Space Concepts²

The young child's increasing perception of space, as with time, indicates a lessening of egocentrism. Spatial concepts are also derived from bodily needs and actions, although they are perceived later in life than the time concepts.

- 1 Year**—makes gestures indicating up and down
- 18 Months**—uses the words go, come, up, down, on, and off
- 2 Years**—uses the words big, all gone, here; increased interest in coming and going
- 30 Months**—spatial words are often rigid and exacting: right, right here, right there; word combinations used for emphasis and precision; most frequently used words are: in, up in, on, at
- 3 Years**—choice of words shows refinement of space perception: back, corner, over, from, by, up on top, on top of; interest in detail and direction develops; uses names of cities
- 42 Months**—uses words: near, under, between; interest in comparative sizes: littlest, bigger, largest; increased interest in location: way down, way off, far away; can place a ball on, in, under, and in back of something when told to
- 4 Years**—uses even more expansive words: on top of, far away, out in, down to, way up, way up there, way far out, way off, behind; can tell his or her street and city; words used most are in, on, up in, at, and down

2. From L. B. Ames and J. Learned, "The Development of Verbalized Space in the Young Child," *Journal of Genetic Psychology*, Vol. 72, 1948, pp. 63–84. Used by permission of The Journal Press and the authors.



CASE STUDY

Preschool children enjoy singing “Simon Says” and doing the activity named. The younger child has enough to do just following verbal directions or imitating the actions without keeping a second fact in mind, did she say “Simon says”? Finding elbows, wrists, putting hands “on,” “under,” “on top of,” are fun and help in the understanding of space concepts.

Intellectual Development

One concept that must be emphasized is that children’s experiences in the years before they are six may influence not only their attitudes toward intellectual ideas, but also their actual ability for grasping them.

It is important to understand the nature and function of play in the cognitive life of young children. There are two forms of play that are important for the intellectual development of young children. The first form of play is activity that is self-initiated by the child. It is lacking in structure, other than that given it by his or her interests and imagination. The second form is adult-prescribed activity, initiated and directed by the nature of the equipment given to the child. If preschool toys are made so that it takes at least two children to handle them, children may learn to work together. If activities provide enough challenge to be interesting but not so much as to be frustrating, the average child will meet them with enthusiasm.

CASE STUDY

A preschool teacher was visiting a campus which had a very clear lake. She marveled at a duck paddling about with part of its body and feet clearly visible under the water. The duck would give a little push with one foot or both feet and glide forward. Nothing unusual about the incident, but the teacher couldn't swim. A three-year-old boy standing near asked, "How can he do that?" How do you explain the displacement of water to a three-year-old? The teacher couldn't think of an answer so she said, "That is just what I was wondering."

CASE STUDY

Johnny and Marlene were playing that they were at a tea party. There was some interesting pretending and suddenly Marlene crawled under the table to finish her "coffee" and Johnny followed. From their giggling you could surmise that impulse and imagination had taken over.

The playing child can advance to new stages of mastery. This mastery may proceed along two fronts, one related to association with peers, and the other to the use of toys and equipment. In both, children, in a sense, learn to deal with reality more effectively themselves.

 At first, young children treat other children as things. Gradually, they learn what fantasy play content can be experienced only by themselves, and what content can be shared with others.

This is an essential step toward the intelligent grasp of ideas other than one's own. Children also make intellectual progress as they use toys



and equipment. If the first use of the “thing” world is successful and guided properly, the pleasure of mastering toys becomes associated with that of mastering conflicts.

The goal, of course, is not the mere mastery of toys but the understanding of the larger physical and social environment and one’s place in it. To help three- or four-year-olds develop into normal five- and six-year-olds through their play is not done by pushing or pressuring them, but rather by nurturing their basic abilities as they are developing. This is not simple because children, of course, do not all progress in the same fashion nor at the same rate. What is an intriguing challenge to one child may be a major obstacle to another.



"Making a mess. What are you doing?"

Drawing by Modell; © 1978 by The New Yorker Magazine, Inc. Courtesy of *The New Yorker*.

As children grow and their experiences increase, they acquire more and more information, and learn more effective ways of retrieving and applying it. In infancy, information is stored in patterns-of-action, what Piaget calls schemas. Children become acquainted with their environment through what they can do with it. By the time they are established in elementary school, they have an array of fairly stable concepts with which to understand their world. Such stability comes only as children's perceptions and actions are adapted to the ways others perceive and act. Thinking becomes less egocentric and more socialized.

For Piaget, the adaptive processes involve accommodation in which children's thinking conforms to fit the outer reality, and assimilation in which children integrate the information gained into their already existing systems of meaning. The two processes are reciprocal and interwoven, though they may or may not be in equilibrium. For example, most children make a kind of verbal accommodation in learning to count to five well before counting becomes sufficiently assimilated for them to have a stable concept of what five is.

In children's play assimilation takes priority. Children imitate adults, other children, animals, and even machines. Play constitutes the extreme poles of the creative imagination which will be a force in future thought and reason.



CASE STUDY

Jean, age five, saw the lake in the small town where the family was moving. Her enthusiasm made her mother try to caution her because Jean hadn't had experience with lakes. The mother said, "Lakes are fun, but you must be with a grown-up when you go near them. This lake is deep and over your head." Jean's immediate reply was, "But I'll stay on top." Clearly, more assimilation and accommodation were needed about deep water.

The content of play and extent of its egocentricity reveal something of children's progress toward socialized thought. An older child, possibly a six-year-old, can think about the relationship between two or more variables while the younger child, possibly a three-year-old, tends to focus first on one variable and then another.

The growing awareness that objects have many properties, that they can be viewed along different dimensions, and that they can be classified in a variety of ways, is a product of children's activity with them. Through



"Well, young lady! It looks like we've still got some growing up to do."

Drawing by Lorenz; © 1979 The New Yorker Magazine, Inc. Courtesy of The New Yorker.

manipulation—touching, lifting, holding, arranging, sorting, and so on—children begin to note similarities among objects. In this way, also, they come to pay attention to differences in objects. Eventually, just as they can sort an array of objects into collections that have one or more similar attributes such as size, color, and shape, they can order them on the basis of their differences, arranging them from smallest to largest, darkest to lightest, most linear to most round. The origins of conceptual thinking are in these activities.

The construction of logical thought depends not only on children's activity with material things, but also on their social interaction with other children. Characteristically, preschool children have difficulty in conceiving a point of view different from their own. But interaction with their peers in the social give-and-take of spontaneous play confronts them with the necessity of accommodating themselves to others' ideas. When doing things in social collaboration children must communicate with each other. Such communication is an essential factor in intellectual development.

CASE STUDY

Some children are handled quite roughly by parents, others, very gently. Fred, a preschooler, was playing doctor and handling his patients quite carelessly. Ila, another preschooler, saw him and said very gently, "This is the way to do it. Go real easy." She could do it because her parents had set an excellent example for her to copy. Fred's parents had not.

Learning Processes in the Nursery School

Some authorities say that nursery school education for two- to five-year-olds is more important than a college education. If we accept the premise that 50 percent of what we know as adults was gained by the age of five, then certainly a good nursery school education should enhance our intellectual development. The question of what comprises a good nursery school education is, then, just as complex as the question of what comprises a good college education.³

3. The discussion on nursery school education in the remainder of this chapter is based on an article by William Fowler entitled "The Patterning of Developmental Learning Processes in the Nursery School," in *Problems in the Teaching of Young Children*, edited by Andrew J. Biemiller. The Ontario Institute for Studies in Education, Toronto, 1970, pp. 27–43. By permission of William Fowler.

Useful at any age, individualized programming is perhaps essential for young children. Preschool children are less capable than older children of directing and sustaining their attention to an assigned learning task. According to many observers, this is because preschool children have little more than the beginning knowledge of how to think and attack a problem. They can assimilate only when problems presented are within a close range of their comprehension and in a concrete form with which they are familiar.

The nursery school movement which started about the turn of the century tried to deal with the problem of the individual in the group by abandoning the group. The group was redefined as an aggregate of children in which each child was free to choose an interest from a variety of activities. In this way, curriculum could be programmed according to individual choice, pace, and style. Children interact only to the extent that



"Say, you're all right!"

Drawing by Kraus; © 1961 The New Yorker Magazine, Inc. Courtesy of *The New Yorker*.

they are all involved in some prescribed activity. The task of the teacher becomes one of social mediation as well as one of advanced preparation of materials.

An alternative solution to the problem of individualized learning was developed by Maria Montessori in 1912. This solution revolved around programmed learning of sensorimotor tasks in which children are given a comparatively free choice of tasks and times with materials. Adult control focuses on guidance in tasks, and setting marked limits on social behavior. Some authorities, however, see deficiencies in the Montessori approach. Among these are: (1) a low priority accorded to language learning; (2) a sparseness of creative activities and experimentation with materials; (3) a bareness of social and language interaction; (4) a stress upon task rituals rather than cognition. However, Montessori schools, like all schools, differ according to the particular people directing them.

Another solution to the problem of individualized learning may be found in teacher-guided, small-group learning situations. Teaching in groups of approximately four to six children enables a teacher to distribute his or her energies with speed and flexibility to sustain the attention and motivation of each child in the group. With a group of this size, he or she is able to adapt methods of instruction to the levels of understanding of each child. Within this intimate framework, he or she can also set up tasks for the children to work independently and to collaborate in pairs.

CASE STUDY

One of the easiest collections to make for discussion of differences and likenesses is a collection of bottles. Glass ones should not be fragile and should be handled under appropriate conditions and supervision. The question, "How are these bottles different?" brings out height, weight, material, color, use, shape, and the way the different tops are put on the bottles. Such a common item as a shoe can call for discussing what it is, its color, its use, its parts, such as the sole, the material of which it is made, and so on.



At the same time, interaction and identification with a peer group is an added motivating device generally lost in a completely tutorial or individualized approach. Learning in a group promotes children's social skills. The presence of such a group would also appear to lessen pressures that sometimes get built up in an authority-interactive style between teachers and children. There are advantages to be reaped from the several worlds of teacher-directed, self-directed, and peer-directed activities.



The Question of What to Teach

What shall we teach in preschool education? Shall it be the acquisition of knowledge or the process of learning? Do we teach a body of information or how to solve problems? Traditional educational systems have valued facts over ideas and skills over processes. But more recently educators believe that for real cognitive growth, preschool children should be taught basic concepts and develop the ability to solve problems. Instruction should focus on presenting children with problems which, in the course of solving, require the use of certain kinds of thinking. For example, if the content area being taught is the animal kingdom, miniature replicas of animals and pictures of animals are presented. The task of finding an object or picture from among those in a group is basically a discrimination task that requires searching, reasoning, and focusing operations. The child is also asked to sort and group the material on the basis of some criterion or criteria. In this task, the child constructs logical groups on the basis of similarity of the objects. Children, in other words, have tasks that require analytic and integrative operations set before them.

At the beginning level, the tasks for children might involve assembling components of a disassembled project into a whole object. For example, they take letter forms to make words, words to make sentences, and cut-up pictures of animals to make whole animals. At first many of the tasks are modeled for children concretely and at close range. Gradually models are displaced in both space (for example, the blackboard) and time (for example, the day before).

From discrimination and organization of single objects the child moves to the analysis and construction of relations between objects. In each instance task difficulty is determined by the number of relationships being considered among objects. At the same time, the child is gradually moved to increasingly more complex and abstract analytical thinking.

While sensorimotor activities are at the center of the entire scheme, equal attention is paid to the role of language in the processes of acquiring conceptual thinking. That is, there is continual verbal defining of objects, of the relations among them, and of the tasks to perform with them.

Preschoolers should study common areas from everyday life so that they are learning mathematical concepts and the principles which lead to reading. However, the central focus should be to develop problem-solving abilities and to teach general concepts and principles with which knowledge is structured.

Creative preschool programs include periods of socio-dramatic and constructive play. Periods of child-directed play prove to be valuable when

they allow children to work out in detail their own versions of the world and what significance things have for them.

One of the central purposes of the nursery school is to develop individuals who will derive enjoyment from the products they can produce and who are excited by the processes of problem solving which they use in the course of their achievements. Another aim might be to develop individuals who measure work by its contribution to human welfare. In short, education in the early years should help children acquire knowledge of general concepts and focus on problem-solving abilities, aesthetics, and social skills.

QUESTIONS

1. What are the four main characteristics of preschool thinking?
2. Define egocentric behavior and give an example of it.
3. One of the following lettered items is the answer to the situation described thereafter. Place the letter of the answer in front of the correct situation.
 - a. A barrier is established by the emotional significance of some of the terms.
 - b. The child cannot distinguish between his or her own feelings and outside events.
 - c. The child's concept formation has not developed to the level of forming categories.
 - d. The child lacks the ability to think abstractly (he or she thinks concretely).

Aunt Pat: People in the same family can't marry.

Preschool child: Yes they can. My daddy married my mommy.

Why might a child find it impossible to recognize the common features among people when asked questions such as:

"How are a dictator and a president alike?"

"How are cops and robbers alike?"

What accounts for misunderstanding in this discussion?

Suzie: This is my pet—Rover.

Elsie: Rover isn't a pet. He is a dog. My cat is a pet.

4. What application of the principle of a child's concept of time is in the following statement?

"Mommy, when I grow up I'm going to marry you."

5. A concept is a mental picture or image brought to mind by some word or phrase, some event, some object, or anything which carries meaning for an individual. Illustrate the meaning of the term concept with a preschooler in mind. Illustrate any of the following words: dinner, mother, father, home, world, playground.
6. If parents try to restrict their child's handling of objects, the child will be deprived of developing meaning in which way(s)?
 - a. motor manipulation
 - b. sight exploration
 - c. reasoning
 - d. questioning
7. Toys such as nests of cubes, puzzles, and tricycles promote the child's perceptual development in which area(s)?
 - a. space
 - b. weight
 - c. number
 - d. time
8. It has been said that play is a child's work. Explain this statement.
9. Four-year-old Dawn admonished her mother with this comment: "Don't laugh so loud, Mom, you'll get the hiccups. One hiccup a day gives you all the vitamins you normally need to take in a day." What abilities was she using? Explain your answer.
10. Make a list of reasons why a nursery school education is important.

OTHER READING

- Almy, Millie. *Young Children's Thinking: Studies of Some Aspects of Piaget's Theory*. New York: Teacher's College Press, 1966.
- Ames, L. B. "The Development of the Sense of Time in the Young Child." *Journal of Genetic Psychology*, Vol. 68, 1946, pp. 97–125.
- Ames, L. B., and Learned, J. "The Development of Verbalized Space in the Young Child." *Journal of Genetic Psychology*, Vol. 72, 1948, pp. 63–84.
- Athey, I. J., and Rubadeau, D. O. *Educational Implications of Piaget's Theory*. Lexington, MA: Ginn and Company, 1970.
- Caplan, Frank, and Caplan, Theresa. *The Power of Play*. New York: Doubleday & Co., 1973.

- Hess, R. D., and Shipman, Virginia. "Early Experience and the Socialization of Cognitive Modes in Children." *Child Development*, Vol, 36, 1965, pp. 869–886.
- Hunt, J. McV. *Intelligence and Experience*. New York: The Ronald Press Co., 1961.
- Montessori, Maria. *The Montessori Method*. New York: Schocken Books, 1912.
- Read, Katherine H. *The Nursery School: Human Relationships and Learning*. 6th ed. Philadelphia: W. B. Saunders Co., 1976.
- Smart, Mollie S., and Smart, Russell C. *Children: Development and Relationships*. 3rd ed. New York: Macmillan, Inc., 1978.
- Stone, L. J., and Church, J. *Childhood and Adolescence*. New York: Random House, 1979.

11 Preschool Child: Emotional Development

THE FAMILY CIRCUS



"But, Mommy! How do you KNOW you have everything you want for your birthday? You haven't even opened your presents yet!"

THE FAMILY CIRCUS by Bil Keane reprinted
courtesy of The Register and Tribune Syndicate, Inc.

Emotional and social development are quite dependent upon one another. It is not a question of "either ... or." This mutual interdependence is shown when, for example, we think about people we know. We are easily drawn to people who are emotionally giving and loving. We want to be with them. When, on the other hand, we meet people who are withdrawn or grudging, we tend to refrain from social interaction with them. Sympathy begets a social response of a positive sort as does a warm smile, while an angry frown discourages social interaction and may stimulate aggression. Hostility provokes hostility, friendship stimulates friendship, withdrawal begets withdrawal, and approach leads to approach. Only through observation and analysis of the language of gesture and expression are emotions ever recognized and responded to.

Behavioral Events

Behavioral events of emotion may be best understood in contrast to physiological events of emotion. Where physiological events of emotion are reflected in changes in one's physical state, such as changes in pulse, blood pressure, and muscle tension, behavioral events of emotion are reflected in changes in one's feelings and emotional reactions. There are two classes of behavioral events. One class concerns feelings, or affective behavior. It is, for all practical purposes, unobservable behavior. Another class concerns emotional behavior, or effective behavior. It is reflected in the individual's effect on his or her environment and is therefore observable behavior. In effective behavior, for example, a child may move out of the way of an angry dog. In the unobservable behavior, the affective behavior taking place in his or her feelings, he or she may feel anxious about the dog, and may recall a frightening experience.

The preschool child shows a variety of behavioral events of emotion. Some of the most common are love, anger, fear, jealousy, rivalry, and aggression. This chapter will focus on some of the emotions which are most significant in the child's development.

Emotional Development

The preschool child has a variety of love relationships with individuals who occupy different family positions. The home atmosphere where the parents have a mutual love, trust, and respect for each other creates the best surroundings for the emotional development of the child. The main component of love relationships, nurture, is found in this environ-



ment. Nurture is defined as a willingness to promote well-being and development of the loved one. Parents ordinarily have strong feelings of nurture for their children. However, there must be an acceptance of nurturing by the child. Thus, the love a child feels for a parent has a significant measure of this acceptance in it. The child counts on the parents' nurturing, expecting it and accepting it as a part of life.

For children to grow up feeling secure, they need to know that their parents continue to find pleasure in their company. When children are being affectionate, sweet, cute, amusing, and endearing, part of their motivation is making their parents enjoy them. Another part of their motivation is to promote their own happiness and well-being.

As children mature, they become nurturing. Although still dependent on others for company and nurturing, they can now give as they accept. The objects of dependency also change. Dependent in the beginning on their mothers, children come to depend upon other family members, then upon peers, teachers, and other adults.



"That's a window, honey. There are no commercials."

Reprinted by permission of Cary Grossman. From *Saturday Review*, © 1979.

Grandparents and Love¹

The love that children experience with grandparents depends upon the role the grandparents play in relationship to them. The informal grandparent tends to be playful, joining the child for the purpose of having fun. Children usually establish a mutually joyous relationship with this grandparent.

The formal grandparent gives the child treats and occasionally helps parents, but sees his or her role in strict terms. This grandparent does not

offer advice, and leaves parenting strictly to the parents. From this the child derives a certain satisfaction, knowing that nurturing and some response are forthcoming.

The distant figure grandparent feels remote from the child and acknowledges little effect of the child upon his or her own life. Although this grandparent gives gifts on special occasions, and goes through certain motions, there is little feeling or response. These various loves are important for they create a role identity for the child and a recognition of different love feelings from different sources.



Attitudes toward Others

In the development of attitudes toward others, the infant or child changes through processes of assimilation and accommodation. Assimilation is defined as the way in which children understand their environment and interpret it. For example, a child is punished. One interpretation may be, you punished me because you care about how I behave. Another may be, you punished me because you are angry. Whichever one the child assimilates will determine his or her attitudes. To define accommodation, one needs to think in terms of adjusting to differences, that is, bringing differences into agreement or harmony. The social behavior of children becomes more complex as they grow older and have particular experiences. Their awareness, orientation, and attitudes change as they mature. This tends to be so whether the behavior considered is self-centeredness, attention to others, exchange of ideas, friendship, quarrels, sympathy, nurturance, aggression, dependence, masculine or feminine roles, intergroup attitudes, or withdrawal from the group.

Attitudes toward others have three components. The first have been termed affective components such as liking and disliking. The next are cognitive components such as knowing what a person does and how he or she influences others. The third group of components have been termed behavioral components. These components are rooted in the personality of the individual. They might indicate where he or she stands on a love-hostility or introversion-extroversion continuum.

Attitudes toward Self



Children's views of themselves are created by how they are treated by others and by how they interpret the emotions, actions, and statements of others.

Adults should realize that young children see everything as either black or white, with no shades of gray. They consider themselves either naughty or nice, good or bad, lovable or awful. Adults also need to remember that to be human is to have all kinds of feelings—love and hate, compassion and competitiveness, courage and cowardice. Children, like adults, are wrestling with conflicting feelings. Recognizing these facts, we need to respond to children in ways which will help them learn to like, accept, trust, and respect themselves. In communicating with a child, statements of understanding should precede statements of advice or instruction. Moreover, all communication should preserve the self-respect of the child and the adult.



CASE STUDY

Susie, age four years, brought in a pretty dandelion and said, "Here, Daddy, you can have it." The father remarked about how yellow it was and played the childhood game of having her see if he liked "butter" by putting the dandelion under his chin.

Susie also brought special paintings from school for her father and for her mother, saying, "I made them for you." Her parents always showed interest in the things she brought them and in the thoughtful things she did for them because they understood that these were forms of expressing love.

INCIDENT	QUICK RESPONSE – WHAT WE USUALLY SAY	WHAT INCIDENT REALLY MEANS IF WE THINK ABOUT IT	WHAT WE MIGHT SAY TO HELP A CHILD LIKE HIMSELF OR HERSELF
Three-year-old is terrified of thunder.	"There's nothing to be scared of. It's just a loud noise." "It can't hurt you. It's just clouds banging together." "Am I scared? Of course not!"	Of course fear of thunder is irrational, but that doesn't make it less real. Probably the loud, irregular, incomprehensible noise is associated unconsciously with aggressive, hostile, impulsive feelings. Children's anxiety is likely to reflect their fear of anger in themselves or others. When told there is nothing to be afraid of, and they still feel afraid, they often see themselves as failing in some way.	"I know it sounds very scary to little children. Come sit in my lap." "Almost every child your age gets frightened of thunder. It's an angry sound, isn't it? But I promise it won't hurt you." "What do you think the angry clouds are growling about? I know it's scary, so let's make up a story—maybe that will help."
Three-year-old won't share wagon on playground when told to.	"That's very selfish. Jimmie won't want to play with you anymore." "I'm surprised at you being so selfish. I thought you were such a nice little boy." "If you're mean like that, other children will never let you play with their toys."	Learning to share is difficult and complicated. It seems incomprehensible to young children, whose toys and possessions seem to them almost to be extensions of their bodies. When they see how we disapprove, they assume that they have failed again to measure up to proper standards.	"I know it's hard for you to give Jimmie a turn, but it's fair, because he let you ride his bike yesterday. I'll tell you a story or we'll count five minutes on my watch, and Jimmie will give it back." "I'm sorry, Jimmie, Kenneth isn't ready to share the wagon yet. Maybe tomorrow he'll change his mind, because he likes to play with you."

Two-year-old bites another child.

"That's bad, bad, bad."

"That hurts—here I'll show you how it feels."

"Don't you ever do that again. It's very, very, naughty."

Biting at two is pure instinct for self-preservation. It isn't planned, it happens. Usually children are as surprised as you are. If they are made to think they can stop it, they are likely to assume they are depraved when they can't stop it.

"When little children bite, mommies have to stop them, and try to help them remember. Come sit next to me for a minute, so you can try to remember."

"I know you didn't mean to hurt Jill, but biting does hurt a lot. I can't let you do that. When you are bigger you will be able to remember."

Five-year-old wets the bed.

"Oh goodness, I hope *that's* not going to start again!"

"Try to get up and go to the bathroom next time."

"See—I told you not to drink so much water last night!"

Accidents are usually related to emotional tension. The child has absolutely no *conscious control* over the event. Any indication from a parent that the child could have controlled it tends to increase anxiety and prolong the regression. The child also sees himself or herself as failing to measure up to expectations.

"Gee, I guess you were pretty tired, or maybe a little upset in your feelings. You can't help it. It just happens. When you're feeling relaxed and good, it will just stop by itself."

"I sure hate this mess, but it's not your fault. You were sound asleep, so how could you help it?"

Four-year-old at beach is terrified of going into the water.

"Come on, Daddy will hold you up. There's nothing to be scared about."

"Don't be such a baby. The water's not going to bite you."

"Would I let anything happen to you?"

A two-year-old has no fear at all, races into the surf. A four-year-old—much more aware of possible danger—must reestablish sense of balance in his or her own way and own pace. If he or she is fearful, but parents seem impatient, the child blames himself or herself for lack of courage.

"Play at the edge, for a while, until you can see how shallow the water is."

"Let me know if you want me to hold your hand."

"Maybe later you'll want to go into the deeper water with me. You let me know when you're ready."

Four-year-old screams and carries on in doctor's office while getting a shot.

"It doesn't hurt that much so stop being such a baby."

"What will Dr. Brown think of you? Aren't you ashamed to carry on like that?"

Fear of medical treatment (for adults as well as children) is rarely rational or realistic. What are aroused are unconscious anxieties about being physically assaulted in some way—of losing one's control, of becoming weak and helpless. When children know they are scared and are told that they shouldn't be, they assume there is something wrong with them.

"I know this is unpleasant. Let's try to get it over with as fast as possible."

"Hold my hand tight, and scream all you want. It will be over in a second."

"All little children get scared, but it must be done, so I'll hold you on my lap, and you yell and I'll tell you when it's all over."

Four-year-old cries the first day at nursery school and mother has to stay.

"I don't know what's gotten into you. You stay with Grandma, and sleep at Johnny's house. Why should you cry now?"

"There's nothing to cry about. Look at all the other children. They let their mothers go home. Why are you acting like a baby?"

Young children have completely individual styles when it comes to adapting to new experiences. Some need more time than others, some hide their feelings, but are just as miserable as the ones who are crying. All children react in one way or another to the first school experience. It is such a dramatic symbol of the increasing separateness from mother, especially.

"Lots of kids are scared on the first day of school—everything seems so strange. I'll stay for a while, until you get to know your teacher."

"I remember I cried when I first went to school. I know it's a little frightening, and I will stay for a while. Then I have to leave, but it's all right for you to cry a little. The teacher understands that some children feel a little sad on the first day of school."

Erikson's View²

Erik Erikson has based his theory of development on what he has observed of children in their homes and in the presence of their families. In his work, Erikson maintains that people are constantly establishing new orientations to themselves and to their social world. He believes that personality develops continuously throughout the entire life cycle, and that each stage of development has a positive and a negative component. A new dimension of social interaction becomes possible in each stage of the life cycle.

The first stage, trust versus mistrust, mentioned briefly in connection with infants' needs is by no means resolved in the first years of life. Rather, it recurs at each successive stage of development. For example, young children who go to school with a sense of mistrust may later develop trust in a particular teacher. Thus a sense of trust may be achieved at some later time.

CASE STUDY

Over Christmas my aunt asked me to take my four-year-old cousin, Lisa, to the doctor for a shot. When I approached Lisa on the subject, she sat down in the middle of the floor and said, "I'm not going. He hurt me last time."

I sat down beside her and said, "Lisa, I know shots hurt and I don't like them either, but they hurt for only about a half a minute." I showed her how long that would be by counting to thirty.

She thought for a moment and then asked, "How come you say shots hurt when everyone else says they don't hurt?"

I didn't know what to say. I didn't want to tell her that some people lie to little children because they don't know how else to manage to get the children to the doctor's office for a shot. So I said, "Well, we know they hurt us, but just for a short time."

Finally she got up and said, "I guess I'll go." Instead of crying when she got her shot, she counted and stopped at twenty.

After we left the doctor's office she said half to me and half to herself, "You really did know, didn't you?" Maybe in her thoughts she added, "I can trust you."

2. The discussion of Erikson's theory is adapted from David Elkind, "Erik Erikson's Eight Ages of Man," *New York Times Magazine*, April 5, 1970. © 1970 by The New York Times Company. Reprinted by permission.

During the second and third years of life, a sense of autonomy versus a sense of shame and doubt emerges. At this age, children are developing more sophisticated motor and mental abilities. They take great pride in their new achievements and want to be left alone to do them. When parents recognize young children's need to perform at their own rate, children gradually develop a sense of having some control over themselves and their environment. In other words, their sense of autonomy emerges. However, if their parents or siblings insist on doing everything for them, even those things which they are perfectly capable of doing themselves, they may develop a sense of shame and doubt. When parents are overprotective and criticism is not constructive, children may develop an extreme sense of shame and doubt concerning their ability to control themselves and their environment.

If children emerge from this stage with a sense of shame and doubt overshadowing their sense of autonomy, they will be at a disadvantage in attempting to achieve autonomy in adolescence and adulthood. On the other hand, children whose sense of autonomy outweighs their feeling of shame and doubt at this stage will be well prepared to be autonomous in later years. The balance of autonomy to shame and doubt established at two or three years of age, however, is fragile and tenuous and susceptible to change.

The development of a sense of autonomy means that children acquire a clearer concept of themselves as people separate from other





people and other objects. They learn that they are distinct in body and action. The two-year-old's frequent use of *me*, *do*, *my*, and *mine* typifies this sense of self.

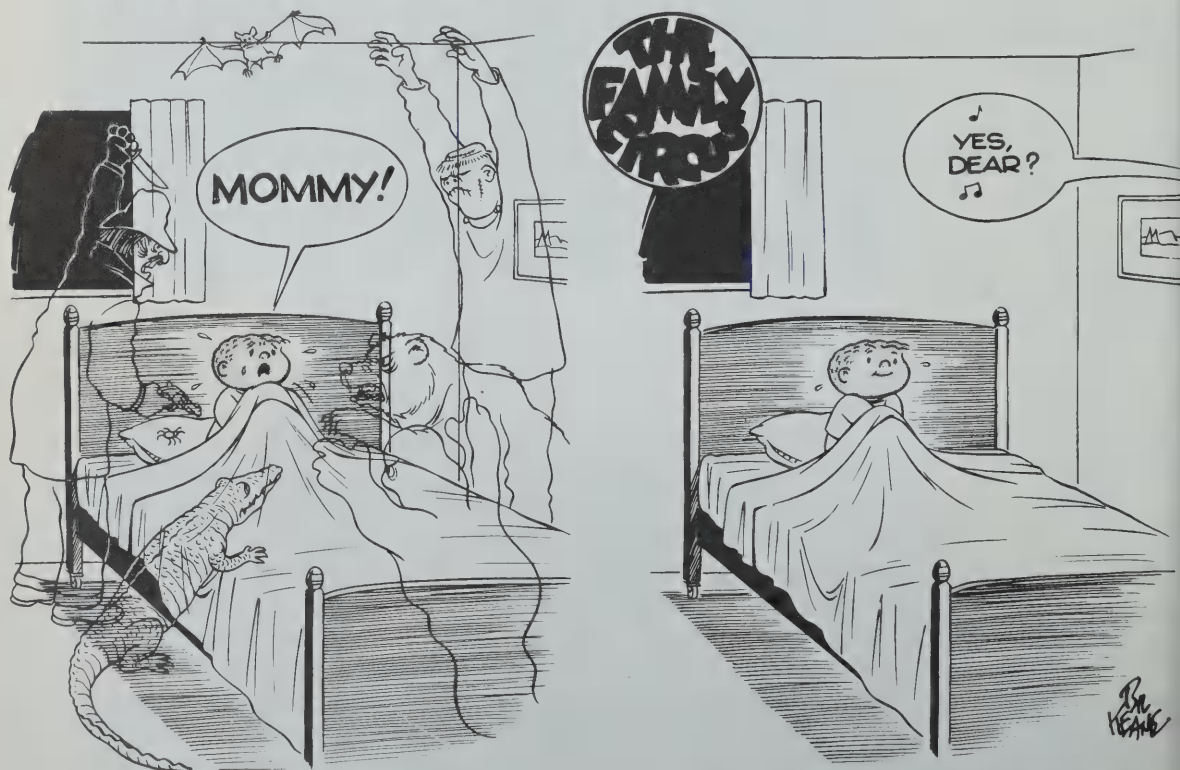
Four- or five-year-olds have considerable control over their bodies. They can initiate motor activities on their own rather than merely responding to or imitating the actions of others. Erikson says that the components of this stage are those of initiative versus guilt. As children initiate activities they will feel either a sense of pride or a sense of guilt. Children who are allowed to initiate motor play, such as running or bicycle riding, will be helped to have a secure and well-defined sense of initiative. When parents answer their children's questions instead of putting them off or ridiculing them, their sense of initiative is further strengthened. But if parents treat children's activity or questions as bothersome and worthless, the children may develop a sense of shame and doubt so severe that it persists throughout their lives.

Fears

If one studies the basic needs and the personality components such as the development of a sense of trust, autonomy, initiative, and accomplishment, some insight is gained into causes of emotional outbursts and variations in expression and control.

Fears in response to noises, strange objects, situations, and persons are among those that decrease with age. These situations may arouse fear in the infants in whom a sense of trust of their tangible world is not yet established. Fears of older children who have established trust in material things have more of an imaginary angle. Fears of the dark, of being left alone, and of imaginary creatures in the dark are among those that increase during the preschool years. Imagination is increasing in these years, as is cognition.

THE FAMILY CIRCUS



CASE STUDY

Alice, who was not quite three years old, had wanted to stay at the university preschool her older brother attended. Since there was plenty of student help for adequate supervision, Alice was allowed to stay. All went well for a few days until some male college students looked in the window of the door and Alice became frightened. She ran to the teacher and practically crawled up into her arms. The teacher, Mrs. E., said in a calm voice, "You are afraid, aren't you, Alice?" Alice shook her head up and down vigorously. Mrs. E. said, "When you are afraid, you come to me and I'll hold you."

From about the fourth incident on Mrs. E. could tell that Alice's fear was subsiding as she stayed for a shorter period each time with her. Alice then went from hanging onto Mrs. E.'s skirt to looking for her when she was afraid, feeling reassured enough just to see her from a distance.

Mrs. E. did not feel she had to find out why Alice was afraid of male students looking in the window of the door. Alice was too young to tell why. It could have been a result of a dream. Mrs. E. concentrated on helping Alice to overcome her fear herself. Several natural exposures to the fear stimulus with a safe haven available and no unfortunate experiences with the fear stimulus helped Alice overcome her fear. It took time. The process couldn't be rushed.

CASE STUDY

Dawn, age five, was left in the care of a young high school person while her parents attended a lecture. The sitter used fear to control Dawn, at bedtime. She said, "Go right to bed now or I'll call my mother and have her pick me up and I'll leave you here all alone." At this, Dawn went to bed. The next morning she related this to her parents and then said, "I was kind of afraid, but then I thought of the telephone number you left on the kitchen table to call if we needed you. I thought if she leaves, I'll just go downstairs, dial that number and tell you to come home. But then I began to wonder, Dad, if I did, would you answer the phone?" "No, Dawn, I wouldn't," her father answered. "You'd have to tell the operator who you wanted." Dawn answered, "I thought so." Dawn's ability to use the phone and her trust that her parents would come home if she called, enabled her not to panic at the sitter's threat.

One interesting feature regarding children's fears is that most of them are learned. There is a high correlation between children's fears and those of their parents. Children share fears of wild animals, probably due to fairy tales told to them. In general, as with all human learning, fears proceed from the concrete, although improbable, such as fear of lions and other wild beasts, to the abstract, such as religious fears or fears of not being well liked.

QUESTIONS

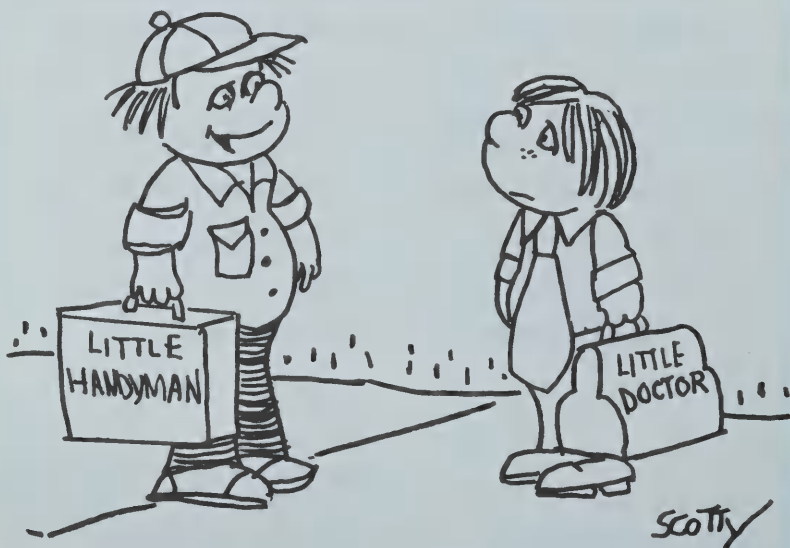
1. How is love associated with nurturing? Is nurturing found only in parent-child relationships?
2. Describe the type of grandparent that you would like. Explain why.
3. How are self-concepts developed?
4. Observe a young child for several days. Then recall some incidents and the child's responses to them. Evaluate the incidents in terms of helping a child learn to like himself or herself.
5. How can a sense of autonomy be shown by a high school student?
6. What determines which fears we learn?
7. How can children be helped to overcome fears?

OTHER READING

- Anderson, H., and Anderson, G. "Social Development." L. Carmichael. *Manual of Child Psychology*. New York: John Wiley and Sons, Inc., 1954.
- Breckenridge, M. E., and Murphy, M. N. *Growth and Development of the Young Child*. Philadelphia: W. B. Saunders Co., 1969.
- Bronson, W. C.; Kalten, E. S.; Livson, N. "Patterns of Authority and Affection in Two Generations." *Journal of Abnormal Psychology*, Vol., 58, 1959.
- Carmichael, L., ed. *Manual of Child Psychology*. New York, John Wiley and Sons, 1954.

- Elkind, David. "One Man in His Time Plays Many Psychological Parts: Erik Erikson's Eight Ages of Man." *New York Times Magazine*, April 5, 1970, p. 25.
- LeShan, Eda J. "Are You Helping Your Child to Like Himself?" *Parade Magazine*, October 13, 1968.
- McCandless, Boyd R., and Trotter, Robert J. *Children, Behavior and Development*. 3d ed. New York: Holt, Rinehart and Winston, Inc., 1977.
- Muller, Philippe. *The Tasks of Childhood*. New York: McGraw Hill Co., 1969.
- Smart, Mollie S., and Smart, Russell C. *Children: Development and Relationships*. 3d ed. New York: Macmillan, Inc., 1978.
- Stone, L. J., and Church J. *Childhood and Adolescence*. New York: Random House, 1979.
- Westlake, Helen Gum. *Relationships: A Study in Human Behavior*. Lexington, MA: Ginn and Company, 1980.
- Wolman, B. *Children's Fears*. New York: Grosset & Dunlap, 1978.

12 Preschool Child: Social Development



"I made \$8.25 today. What did you make?"

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Socialization may be defined as the process of training an individual for his or her particular social environment; that is, adapting an individual to his or her society's norms of behavior. Socialization involves learning the values, attitudes, knowledge, and skills of a society. In short, it involves learning the culture. Socialization molds the child's potential into the pattern of functioning that we call human personality.

Steps in Socialization

Children have begun to be socialized when they first respond to their parents and other people by some consistent and predictable way that indicates recognition. Some people say that the first sign of socialization is the smile, which typically appears as a response to the father or mother around the age of six to eight weeks. The following actions are other early signs of socialization in the child: stops crying when he or she sees mother; laughs at the sight of parents; plays peekaboo; waves good-bye;



pulls at parent to indicate a need for help in reaching an object; gestures, pulls, or tries to climb onto the adult's lap to show that he or she wants to be held; cries when parents leave him or her; acts differently with strangers than with his or her parents.

These are the first steps in socialization and may be referred to as social responses. Socialization, however, implies not only social responsiveness but also social control. An example of this is that children stop doing something when the person in charge tells them to. Later, children





might say, “no, no” to themselves as they reach for a forbidden lamp or vase. As they grow still older, they will begin to share, for example, saving a portion of a dessert for others in their family. Eventually, they postpone some of their own immediate gratification to do things that may be rewarding only in the distant future. For example, they may save money from a part-time job and apply it to their future education. At this point, they have come a long way from that first early stage of simple social response.

Variations in Socialization

Children are socialized in different ways depending on the culture and the time in history. The quotations below illustrate several philosophies of socialization.

Childhood shows the man, as morning shows the day.
John Milton (1608–74)

Children have more need of models than of critics.
Joseph Joubert (1754–1824)

When parents spoil their children, it is less to please them than to please themselves. It is the egotism of parental love.
Thomas Carlyle (1795–1881)

A torn jacket is soon mended, but hard words bruise the heart of a child.
Henry Wadsworth Longfellow (1807–1882)

It always grieves me to contemplate the initiation of children into the ways of life when they are scarcely more than infants.—It checks their confidence and simplicity, two of the best qualities that heaven gives them, and demands that they share our sorrows before they are capable of entering into our enjoyments.
Charles Dickens (1812–70)

You cannot teach a child to take care of himself unless you will let him try to take care of himself. He will make mistakes; and out of these mistakes will come his wisdom.
Henry Ward Beecher (1813–87)

The first duty to children is to make them happy. If you have not made them so, you have wronged them. No other good they may get can make up for that.
Charles Buxton (1823–71)

Children are God's apostles, sent forth day by day to preach of love, and hope, and peace.

James R. Lowell (1819–91)

Before you beat a child, be sure you yourself are not the cause of the offense.

Austin O'Malley (1858–1932)

What the best and wisest parent wants for his own child that must the community want for all its children.

John Dewey (1859–1952)

In the United States today, the way children are socialized has many repercussions, as it undoubtedly had in previous centuries. For example, the quality of children's biological, intellectual, and social functioning which is a direct result of their socialization is a matter of economic concern. Children who are in poor physical condition, or who do not develop intellectually at a proper pace or who develop mental illness often become burdens of state-subsidized institutions which are, of course, supported in part by every taxpayer. Even if these children are not institutionalized, as adults they may be unemployable and still have to receive government support. Because of this increasing concern for proper socialization, specialized professions and institutions have become authorities in this matter. Parents are advised by these specialists who evaluate the child from the moment of birth. On the basis of tests, they try to help the child to compensate for deficiencies and maximize latent potentials.

This attempt at extra-familial socialization has further repercussions. The general public does not always understand how specialists reach their conclusions. Furthermore, young adults in their late twenties and older persons in their early fifties may have different views of how to socialize a child. Finally, there are differences in socialization among social classes.

Middle-class parents in professions report more socializing practices consistent with current psychological notions of what is effective and desirable. They report more concern with their children's development and with understanding their behavior than do working-class parents.

They use love-oriented discipline. They reason with their children. They encourage independence and achievement. In contrast, working-class parents report more physical punishment, more rigid and authoritarian discipline, more insistence on obedience, and less inclination to let children express themselves.

If children learn to deal with others as they have been dealt with, and there is some evidence that they do, it follows that middle-class children should learn to be more tolerant and understanding of others than lower-class children. They should also learn to use more reasoning rather than force to resolve differences and to base decisions on evidence rather than opinions of authority. One must keep in mind when considering the above that differences within each group may be as great as those between groups, depending on the parents' personalities, their reaction to their occupational role, the size of the family, housing circumstances, sex and age of their children, and the date at which comparisons were made.*

Guidance Patterns



Socialization is a learning-teaching process that takes the individual from the infant state of helplessness and egocentricity to the adult state of independence and responsibility.

There are two ways of giving guidance to a child. One is psychologically, through love or intangible reward methods, and the second is physically, through concrete reward methods.

Love-oriented guidance tends to manage children by demonstrating to them that intangibles, such as the attention of other people, are important. Thing-oriented guidance ranges from inflicting physical punishment on children when they misbehave to bribing them for good grades or good behavior. The former is control through guilt or conscience. The second is control through shame—behaving because someone will catch you if you don't. Guilt is the better method of social control, working as it does in the absence of adults.

*An explanation of why dates are important in this comparison is given in Gerald R.. Leslie, *The Family in Social Context*, New York, Oxford University Press, Inc., 1967, p. 538. "One recent study has postulated a basic shift in middle-class conditions of life that encourages permissive child-rearing. It is argued that the old middle class emphasized ambition, competitiveness, risk-taking, and the development of internal controls in the individual. By contrast, the new middle class, which is oriented toward participation in large scale organizations, emphasizes the ability to get along comfortably with other people in the organization. Child-rearing patterns, it is argued, are changing accordingly."

CASE STUDY

Mrs. K., a social worker, was thinking one day about how well her niece, Peggy, was guiding her boy, Tim. Peggy seemed to use love-oriented discipline to help Tim develop a conscience. Mrs. K. wished that some of the mothers she worked with could do more of what Peggy did rather than spanking, threatening, and shaming their children. But then, Peggy was a well-adjusted person who was happy and secure. Some of the mothers Mrs. K. was trying to help had so many personal problems themselves, were trying to work through some troublesome relationships with their husbands and struggling with low incomes, that it would be asking a lot of them to see how they were damaging their children and to change their ways; but she would try.

Mrs. K. remembered the time that Tim had found Mrs. K.'s purse and dumped things out of it. Peggy had said in a quiet voice, "I'm sorry, Tim, but that purse belongs to Mrs. K. I'll help you put things back and we will give it back to her."

In contrast, when Mrs. K. made a home visit to Mrs. O., her boy had done practically the same thing when Mrs. K. and Mrs. O. had been out of the room. The boy was really too young to resist temptation and Mrs. K. had decided she had better keep that purse out of the child's reach. Mrs. O. was angry when she found her son opening the purse. She said in a stern voice, "You're a naughty boy," gave him a swat, and returned the purse to Mrs. K.

Another instance came to mind. Peggy had decided to wait long enough to toilet-train Tim to be sure he could control the sphincter muscle of the bladder and until he could stay dry about 2 hours at a time. Then she tried to get him to the toilet before an accident and praised him when he succeeded. She said nothing when they had a failure. After considerable time, Tim was announcing his successes with pride and once or twice seemed discouraged with his failures.

Mrs. L. had told Mrs. K., the social worker, that she was getting nowhere with her three-year-old boy on toilet training. She had spanked him when he wet his pants, had told his father on him, and had shamed him, but nothing seemed to work. She said that she felt they were always fighting and that he was fighting with other children more all the time. Mrs. K suggested that Mrs. L try to change her child-rearing approach. By praising her son for his successes, offering encouragement, and being patient, she might see improvement in his behavior and in their relationship.

These types of control may be applied in positive and in negative ways. It is almost certain that children learn faster if they receive both positive and negative reinforcement. Positive reinforcement tells them what they may or should do. Negative reinforcement tells them what they may not and should not do. By receiving both types of reinforcement, they are more fully informed than if they receive only one type. When reinforcement is administered immediately, consistently, and in appropriate amounts, learning proceeds more rapidly than when reinforcement is delayed, inconsistent, or excessive. In other words, consistency in guidance is important. Children who are consistently controlled learn how to modify their behavior more rapidly than those who are inconsistently controlled.

All reinforcements are administered from a basis of power. The first type of power easily perceived by the infant and small child is the physical power of both parents. Later the father becomes even more powerful in the eyes of the child. The father who earns his living by physical labor is more likely to be seen as possessing physical power than the middle-class parent. Generally, fathers are seen as possessing more power than mothers. Children soon learn that physical power is the least esteemed source of power in our society, and that power through social and economic influence or through knowledge is more highly esteemed.

The second type of power is sexual. The child comes to see his or her parents as sexually potent figures. The third type of power is wisdom. This source of power is somewhat subtle. In our anti-intellectual society, wisdom and knowledge may never be seen as sources of power, although they certainly are to the curious, questioning child.

The fourth type of power is social influence. This source of power, like wisdom, tips the scales in the direction of middle-class parents whose wisdom, social influence, and economic influence are relatively great. A parent may not be big and strong, but he or she knows a lot. Important people invite him or her to functions, and he or she brings home a large weekly paycheck. It is for such reasons that middle-class children are probably more amenable to the control techniques of their parents since their parents possess more power.

Proper socialization is perhaps an individual's most important accomplishment. Individuals who are successfully socialized enjoy other people and have a generally positive attitude toward the majority of the rules of their society. Delinquency, narcotic or alcohol addiction, and crime are some extreme examples of failure of the socialization process. There is little doubt that significant differences exist in the ease with which children are socialized and that the child's environment plays a major role in his or her socialization.



Theories of Socialization

There are two main theories of socialization. The first is represented by the social learning theory. The second is based on the developmental theory.

According to the first theory, children become social and self-confident to the degree that they learn that they must adapt themselves to others in order to have their own needs satisfied. According to the developmental theory, the seeds of socialization are present in all people, and will come to maturity in an accepting and rather passive environment.



Each theory maintains that the mature individual is a product of the teaching forces of the family and the environment. If these forces are benign, the resulting individual is a happy one. If these forces are malign, the result is unfortunate. Thus, the person is shaped by his or her experiences. He or she becomes good or bad depending on the nature of his or her experiences.

The difference between these two theories may be clearer with this example. The social learning theory might be likened to the principle: as the twig is bent, so shall the tree grow. A good environment of proper soil, light, water, and fertilizer would be recommended. Also active pruning, shaping, and grafting should be practiced. The developmental theory would also indicate that a tree would thrive in an environment of proper soil, light, water, and perhaps fertilizer. But beyond these elements, the theory would maintain that nature knows best how the tree should grow. Pruning, shaping, and grafting are to be left to the natural course of events and the intrinsic nature of the organism.

Discipline

Sometimes parents think that their children's need for tender loving care means that they must not be disciplined or punished and that they must be allowed to do as they like. Actually, children who are allowed to do as they like tend to feel insecure, since their parents leave them prey to their own whims and impulses. They are likely to feel that their parents do not love them enough to give them the direction and guidance they need. Even adolescents who complain bitterly about restrictions on their behavior are often unconsciously glad for them, especially if the limits are reasonable and are set with a sincere desire for the adolescents' welfare rather than for parental convenience. Such restrictions give young people protection and at the same time assure them of their parents' concern and love.

Discipline is basically a form of learning and if it is firm, kind, and consistent and if the general atmosphere of the home is one of love and concern for the child's welfare, it can contribute to the child's sense of security. The real test of methods of discipline is whether in the long run they contribute to the child's feeling worthy and loved rather than unworthy and unloved. This must be judged in each individual situation and with each individual child.

Both approval and disapproval, if attached to a child's specific behavior rather than to him or her as a person, put the emphasis where it belongs, that is, on behavior. Children need to be sure of their

parents' love for them. "I don't like the way you snatched the toy from your playmate" calls attention to the behavior rather than labeling the child, as in "You are a bad boy," with its unexpressed implication, bad boys are not loved. "That was very nice of you to share your toy with your playmate" is specific and does not label the child.

Criticism is most helpful if it is constructive. Children need to be encouraged to be their own best, not their parents' best. Pressure for a degree of achievement or performance beyond the child's capacity or stage of development is damaging.

To have cooperative children, parents have to prepare the way for cooperation. Without realizing it mothers and fathers often make their demands of a child in a manner that practically invites a refusal or a protest. Most children want to do the right thing, but it is not always clear to them what the right thing is. Grown-ups help them by making their expectation clear, by expecting it of them, and by giving them a chance to do it. When adults show disapproval in advance it means they are already convinced children will behave badly. Constructive discipline provides children with much of the guidance and encouragement they need in the process of growing up. It can (1) provide them with opportunities for expressing themselves in acceptable ways; (2) protect them from physical harms; (3) protect them from their own impulses; and (4) keep them from infringing on the rights of others.

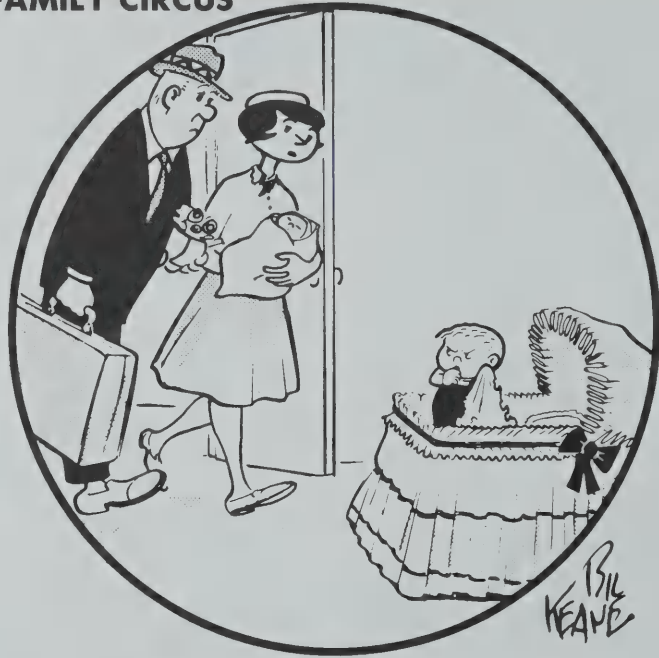
Thoughtfulness of others is a trait that is instilled in the child not by punishment or rote but through genuine display of love and consideration for him or her and others in the home. Parents who consistently show affection for each other, as well as a warm regard for their relatives and friends, are training a considerate, well-mannered child. Genuine love gives a child inward feelings that are manifested in cooperation, consideration, and kindness; in short, in good behavior. Children often seem to be able to read a grown-up's mind like a book. They know who means well by them as well as those who are just trying to dominate them. They recognize our self-doubt by the uncertainty in our voices. They catch our ego distress whenever we give way to irritability.

Children need models to identify with as they develop. An example to copy is very important for efficient learning. If parents or teachers want children to be considerate of others, the parents or teachers must be the best example they can be of what they want the children to learn. For instance, "Get out of my way!" instead of "I'm sorry, but I need to have the space. Is there some other place you can use? How about over there?" Each way of handling the problem is a dramatic example of how to handle the situation. However, the first is an example of how to be inconsiderate, the second of how to be considerate.



The use of distraction is also a worthwhile idea. Children who are quite young can be easily distracted so that substituting something equally as interesting instead of scolding and calling attention to the undesired behavior helps to change the undesired behavior to a desired one. Children do need to understand what type of behavior is unacceptable. However, not giving attention to some minor incidents while giving adequate attention to desirable behavior reinforces the desirable behavior.

The value of discipline depends on its appropriateness. Good discipline is geared to children's maturity level. It protects them from their own lack of discretion and enables them to direct their energies in areas where they do have experience and choice. Good discipline provides children with a sound foundation for healthy self-discipline.

THE FAMILY CIRCUS

THE FAMILY CIRCUS by Bill Keane reprinted courtesy of The Register and Tribune Syndicate, Inc.

Management of Jealousy

Jealousy is an emotion that all young children feel. How this natural emotion is handled during childhood will determine how children will cope with it as adults. Jealousy is the angry feeling that results when individuals are frustrated in their desire to be loved most. A French proverb states it this way, "where there is no jealousy, there is no love." Rivalry is the angry feeling that results when individuals are frustrated in their desire to do their best, to win or to place first. Very often an individual feels jealous and rivalrous toward the same person, although these emotions can be separated.

It is important for adults to accept the universality of jealousy. Children are likely to feel jealous of the baby who displaces them as youngest in the family and to feel rivalrous with the older children who are stronger and abler than they are. Parents and children also feel jealousy and rivalry toward one another. Themes of jealousy and rivalry are present in some of the most disturbing situations existing in family life. Wanting to be first in the affections of the opposite-sexed parent has as its corollary jealousy of

the same-sexed parent. "I'm going to marry Daddy when I grow up," or "Daddy likes me better than he likes you," are some of the statements that illustrate this emotion. Thus, the same-sexed parent represents what the child hopes to become, indeed the person who attracts and holds the other parent.

Children's displays of jealousy range from bodily attacks on the younger sibling, to ignoring his or her presence or denying his or her existence. Some children even undergo a personality change at the time of the sibling's birth.

If children were loved for themselves as unique individuals with special skills and interests, they would have less reason to be jealous of their siblings. In spite of how jealous siblings may be of each other, they also love each other. Ambivalence is the key to understanding many incidents in behavior of siblings toward each other. For example, brothers may fight and quarrel at home, but will protect each other from the aggression of a neighbor.



CASE STUDY

Dawn and Sigrid are five-year-old kindergarten friends who walk to school together and ride home together in Dawn's car. During the ride home, the two girls tell Dawn's mother about their day in kindergarten. On a particularly cold week a first-grade friend of Dawn's named Nancy also rode home with the other two girls. When Sigrid got into the car she said in a clear to-whom-it-may-concern tone of voice, "There are too many people in this car." Then, when Nancy began to tell what happened to her that day, Sigrid spoke at the same time and in a louder voice.

Jealousy and rivalry are inevitable. However, to help children minimize these feelings, parents should:

- accept and appreciate each child as an individual,
- avoid the use of competition to motivate siblings,
- avoid making comparisons between children,
- understand and accept the child's feelings of jealousy,
- accept the faults of each child,
- appreciate the talents of each child,
- spend time alone with each child.

Management of Aggression

Anger is the feeling that accompanies being restrained or blocked in progress toward some sort of fulfillment. Anger involves lashing out rather than withdrawing as is often the case with fear. Unproductive expressions of anger, such as kicking, screaming, and throwing, occur in late infancy and in the early preschool years, when children experience many frustrations and new challenges.

Aggression is the actual attack which accompanies anger. Aggression can be a hostile attack against another person. It can also be a controlled and productive attack on problems, resulting in increased knowledge, power, and status for the aggressor. In the latter context, the anger that accompanies aggression is an energized feeling that aids in problem solving and contributes to the sense of initiative. Competition between people can involve either hostile aggression or controlled and productive aggression. Many difficulties arise from the dual nature of anger and aggression. While a hostile attack is dangerous, there is a great advantage in being able to fend off an attack and taking the initiative.



CASE STUDY

Ben, age three years, found Ron, age four years, the most interesting playmate of the new neighborhood where his family had recently moved.

Ron's mother had helped Ron to relate to other children. He learned to join in and follow others when their directions and ideas were good, to lead at times, and to take turns. He was generally very well liked by his peers.

Ben had a younger, very aggressive brother. From coping with him, Ben adopted a very demanding manner and insisted on getting his own way. Ron had been patient for some time but began to shout, "You always want your way." He complained to his mother about Ben. She decided to sit near where they were playing to see the situation for herself. She didn't have to wait very long because after a few frustrating experiences, Ron, with tears in his eyes, shouted to Ben, "You always have to have your way. You won't take turns." Ron's mother added in a quiet, matter-of-fact way, "Yes, Ben has to learn to take his turn and share, doesn't he?" Needless to say, Ron agreed and said, "It isn't any fun playing with him when he always grabs things and wants his way." Ron's mother said, "I think he can learn to take turns. It may take a little time." Ben's eyes were big and thoughtful while Ron and his mother were talking. He liked Ron so much and wanted to play with him. Ben said, "OK, you be the police officer first, this time," and the play resumed.

Some parent-child interactions influence children to use hostile, aggressive behavior. When parents use physical punishment on the children, or when they show hostile, aggressive behavior, children are more likely to be hostile and aggressive themselves. Children also learn to behave aggressively when parents permit it, approve of it, or even instigate it.

To encourage the development of self-control in children, parents should:

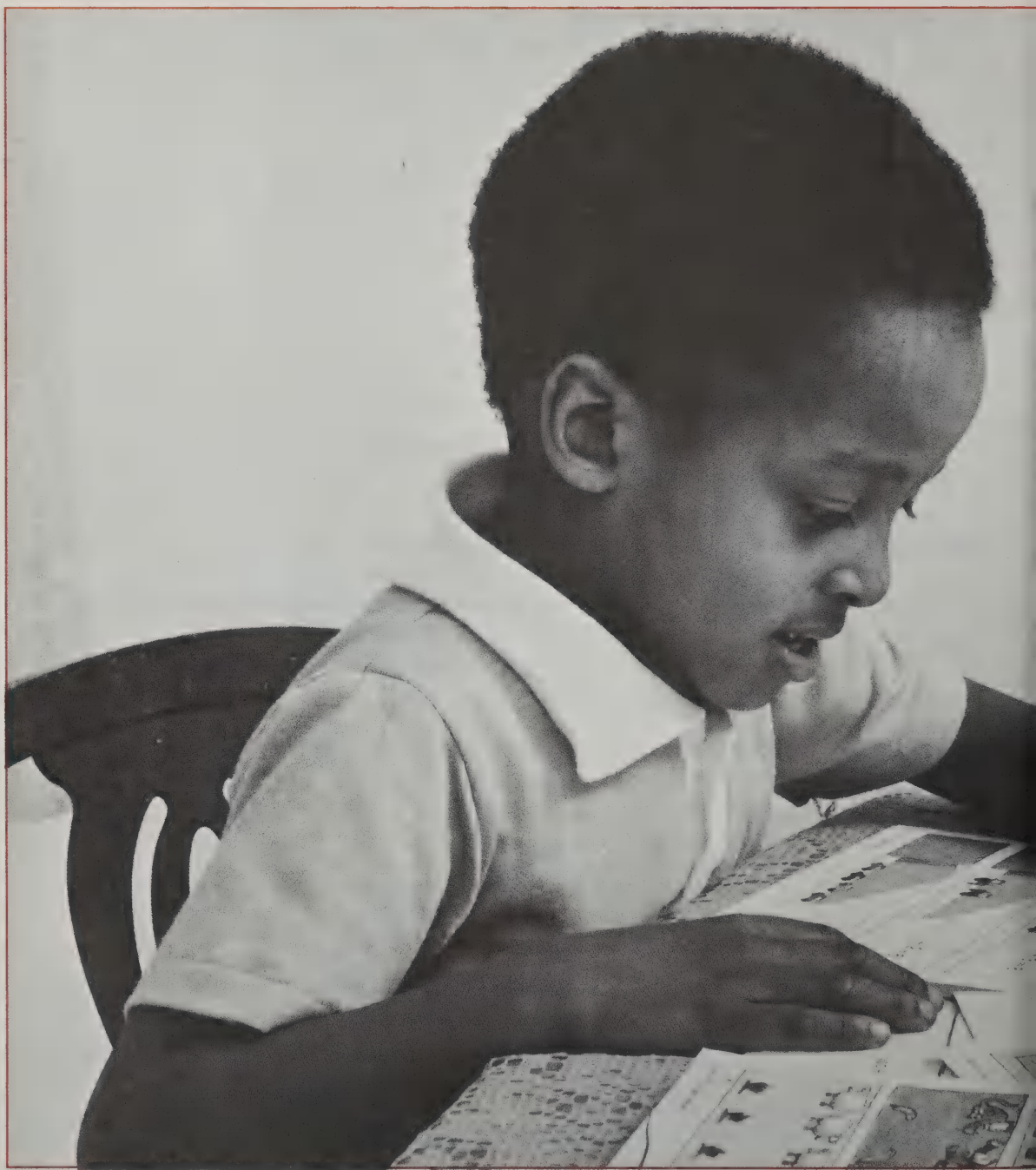
- clearly express what behavior is allowed and what is not,
- disapprove of hostile aggression and stop this behavior,
- avoid physical punishment,
- provide for children's physical needs,
- answer children's call for help promptly,
- provide children with opportunities for achievement,
- create an atmosphere of emotional warmth in the home.

QUESTIONS

1. Define the following terms:
 socialization aggression
 rivalry ambivalence
2. What are the stages of socialization in the young child?
3. Essentially there are two ways of giving guidance to a child. Give an example of each way.
4. How could you help a small child accept a younger brother or sister?
5. How does rivalry differ from jealousy?
6. Observe children on a playground and list the examples of aggression that you see. Discuss their causes.
7. How can parents discourage aggression in their children?

OTHER READING

- Baumrind, D. "Effects of Authoritative Parental Control on Child Behavior." *Child Development*, Vol. 33, 1966.
- Catrevas, C. N., and Edwards, J. *The New Dictionary of Thoughts*. New York: Standard Book Company, 1965.
- Ginott, H. G. *Between Parent and Child*. New York: Macmillan Publishing Co., 1965.
- Goodenough, F. L. *Anger in Young Children*. Westport, Conn.: Greenwood Press, 1975.
- Gordon, J. E., and Smith, E. "Children's Aggression, Parental Attitudes, and the Effects of an Affiliation-Arousing Story." *Journal of Personality and Social Psychology*, Vol. 1, 1965.
- Kagan, Jerome, and Moss, H. A. *Birth to Maturity: A Study in Psychological Development*. New York: John Wiley and Sons, Inc., 1962.
- Smart, Mollie S., and Smart, Russell C. *Child Development and Relationships*. New York: Macmillan Co., Inc. 1978.



UNIT 4 THE SCHOOL AGE CHILD



13 School Age Child: Physical Development

DENNIS the MENACE



"ALL I SAID WAS, 'JUST THINK
SOMEDAY I'LL BE A **TEENAGER**'!"

DENNIS THE MENACE® cartoon used by permission of and © by Field Enterprises Inc.

Each child develops in his or her own way. Growth is stimulated and controlled by a hormone, a chemical substance, secreted by the pituitary gland located at the base of the brain. From birth to pubescence, the period of about two years prior to puberty, the rate of growth decreases steadily.

Every aspect of social and personal development is affected by the body. First impressions are often based on a person's physical characteristics and how he or she carries himself or herself. Typically, many of us might describe one person to another by his or her age and physical characteristics, such as height, weight, body build, and coloring. Unusual and striking attributes such as grace or awkwardness, thinness or obesity, or very long or short hair are also commonly mentioned. An individual's concept of his or her body appears to be closely related to self-concept. People who think highly of themselves are likely to be accepting of their bodies. People who are self-rejecting often reject their body images.

The nature of one's body and its functioning probably has much significance in the development of interests, and possibly in the selection of a vocation, although there is no conclusive evidence about this relationship. It is obvious that the weak and awkward boy will not become a professional athlete. The sturdy and graceful age-mate, on the other hand, has a much wider range of possible interests, hobbies, and occupations from which to choose. Bodies and faces that are considered unattractive according to cultural standards often handicap their possessor's social life, and may create additional problems with which he or she must cope.

The biblical statement that "to he who has is given" seems to be substantiated by research. A large group of children, selected for their far-above-average intelligence, are found to be more attractive, healthier, stronger, and better coordinated than another large group of the same age and sex distribution selected for their far-below-average intelligence. However, many of these relations are the result, not of intelligence, but of social status. The bright children come from homes that provide them with better nutrition, better learning opportunities, and more chances for physical exercise.

Two main factors, heredity and environment, account for the individual differences among children. Heredity is the transfer of characteristics from parents to offspring. Physical traits and intellectual potential are inherited from parents. However, the environment in which a child grows affects the development of these inherited characteristics. Heredity and environment acting together influence an individual's physical and mental development. But it is heredity that limits what the environment can do in influencing children's development. For example, every child's potential height is determined by heredity. If the child is raised in an environment in

which he or she has proper nourishment, adequate rest and exercise, he or she will likely reach his or her full height. If the child is raised in an environment where he or she receives less than adequate care, he or she will probably not grow as tall as his or her heredity allows.

An Overall View

Children in each age group vary to be sure, but they are also similar enough so that one can expect certain characteristic physical developments and behaviors. Students must recognize that these characteristics are to be used as general guidelines and that children in any one age group will not move along identically as the penguins in the cartoon.



"I liked it better when we shuffled along any old way."

The following charts should be used to identify ages and become familiar with the sequence of growth rather than to determine whether or not a specific child is "normal." This general information may also help to determine the needs of children in each age group and the type of guidance they need to accomplish their developmental tasks.

HOW NEEDS CHANGE WITH GROWTH

Infant	Preschool Child	School Child	Adolescent
<i>Significant People</i>			
Family, especially mother	Two or three playmates and family	Many companions and family	Friends of own age group
<i>Types of Contact</i>			
Solitude and one or two at a time	Parallel play	Group games, active play	Boy-girl activities
<i>Requirements from Others</i>			
Nurturing care (dependence)	Supervision	Guidance	Encouragement in independence
<i>Response</i>			
Receiving	Exchanging	Sharing	Accommodating

RUNABOUTS¹

(from two and one-half years through four)

Physical Development

- motor skills unevenly developed—marked development in large muscle coordination, but small muscles and eye-hand coordination still not well developed
- full set of temporary teeth by three years
- gradually acquire ability to feed and dress themselves with greater skill
- rapid language development—from a few words to an average of 2000
- change in sleep pattern—twelve hours needed at night with daytime naps gradually given up, but still need rest period because they fatigue easily
- toilet habits acquired—usually take care of their own needs by end of period

Characteristic Behavior

- learning to understand their environment and to comply with many of its demands
- often negativistic at beginning of period, but gradually become able to accept necessary limits and restraints—want adult approval
- like to be close to their mothers—fathers are increasingly important to them
- like to help around the house
- imitative in language, manners, and habits
- constantly active, but capable of longer stretches of quiet activity toward end of period
- show fatigue by being irritable or restless
- gradually learning what is acceptable behavior and what is not
- great curiosity—ask countless questions

Special Needs

- security of love and affection from parents
- guidance and a pattern of behavior to follow
- time, patience, understanding and genuine interest from adults
- simple, clear routines—limited choices
- opportunities to learn to give and take, to play cooperatively with other children
- wider scope of activity—limited freedom to move about and to move away from immediate home environment by end of period

1. Lists on pp. 206–220 are from *These Are Your Children*, Third Edition by Gladys Gardner Jenkins, Helen S. Shacter, William W. Bauer. Copyright © 1966 by Scott, Foresman and Company. Reprinted by permission.



ABOUT FIVE

Physical development

- period of slow growth—body lengthens out and hands and feet grow larger; girls usually about a year ahead of boys in physical development
 - good general motor control, though small muscles not so fully developed as large ones
 - sensory-motor equipment usually not ready for reading
 - eye-hand coordination improving, but still poor—apt to be far-sighted
 - activity level high
 - attention span still short, but increasing
 - little infantile articulation in speech
 - handedness established
-

Characteristic Behavior

- stable—have good balance between self-sufficiency and sociability
 - home-centered
 - beginning to be capable of self-criticism—eager and able to carry some responsibility
 - noisy and vigorous, but activity has definite direction
 - purposeful and constructive—know what they are going to draw before they draw it
 - uses language well—enjoys dramatic play
 - can wash, dress, eat, and go to the toilet by themselves, but may need occasional help
 - individuality and lasting traits beginning to be apparent
 - interested in group activity
-

Special Needs

- assurance that they are loved and valued
 - wise guidance
 - opportunities for plenty of activity—equipment for exercising large muscles
 - opportunities to do things for themselves—freedom to use and develop their own powers
 - background training in group effort, in sharing, and in good work habits that they will need next year in first grade
 - opportunities to learn about their world by seeing and doing things
 - kindergarten experience if possible
-



ABOUT SIX

Physical Development

- growth proceeding more slowly, a lengthening out
- large muscles better developed than small ones
- eleven to twelve hours of sleep needed
- eyes not yet mature, tendency toward farsightedness
- permanent teeth beginning to appear
- heart in period of rapid growth
- high activity level—can stay still only for short periods

Characteristic Behavior

- eager to learn, exuberant, restless, overactive, easily fatigued
- self-assertive, aggressive—want to be first, less cooperative than at five, keenly competitive, boastful
- whole body involved in whatever they do
- learn best through active participation
- inconsistent in level of maturity evidenced—regress when tired, often less mature at home than with outsiders
- inept at activities using small muscles—relatively short periods of interest
- have difficulty making decisions
- group activities popular—boys' and girls' interests beginning to differ
- much spontaneous dramatization

Special Needs

- encouragement, ample praise, warmth, and great patience from adults
 - ample opportunity for activity of many kinds, especially for use of large muscles
 - wise supervision with minimum interference
 - friends—by end of period, a best friend
 - concrete learning situations and active, direct participation
 - some responsibilities, but without pressure and without being required to make complicated decisions or achieve rigidly set standards
 - help in developing acceptable manners and habits
-



ABOUT SEVEN

Physical Development

- growth slow and steady
- annual expected growth in height—5 to 7.5 centimeters (2 to 3 inches); in weight—1.25 to 2.70 kilograms (3 to 6 pounds)
- losing teeth—most seven-years-olds have their six-year molars
- better eye-hand coordination
- better use of small muscles
- eyes not yet ready for much close work

Characteristic Behavior

- sensitive to the feelings and attitudes of other children and adults
- especially dependent on approval of adults
- interests of boys and girls diverging—less play together
- full of energy but easily tired, restless and fidgety, often dreamy and absorbed
- little abstract thinking—learn best in concrete terms and when they can be active while learning
- cautious and self-critical, anxious to do things well—like to use hands
- talkative, prone to exaggerate, may fight verbally instead of physically, competitive
- enjoy songs, rhythms, fairy tales, myths, nature stories, comics, television, movies
- able to assume some responsibility
- concerned about right and wrong, but may take small things that do not belong to them
- rudimentary understanding of time and monetary values

Special Needs

- the right combination of independence and encouraging support
 - chances for active participation in learning situations with concrete objects
 - adult help in adjusting to the rougher ways of the playground without becoming too crude or rough
 - warm, encouraging, friendly relationships with adults
 - acceptance at their own level of development
-



ABOUT EIGHT

Physical Development

- growth still slow and steady—arms lengthening, hands growing
- eyes ready for both near and far vision—near-sightedness may develop this year
- permanent teeth continuing to appear
- large muscles and small muscles developing—manipulative skills are increasing
- attention span increasing
- poor posture sometimes

Characteristic Behavior

- often careless, noisy, argumentative, but also alert, friendly, interested in people
- more dependent on their mothers again, less so on their teachers
- sensitive to criticism
- new awareness of individual differences
- eager, more enthusiastic than cautious—high accident rate
- gangs beginning—best friends of same sex
- allegiance to other children instead of to an adult in case of conflict
- greater capacity for self-evaluation
- much spontaneous dramatization, ready for simple classroom dramatics
- understanding of time and of use of money
- responsive to group activities, both spontaneous and adult-supervised
- fond of team games, comics, television, movies, adventure stories, collections

Special Needs

- praise and encouragement from adults
 - reminders of their responsibilities
 - wise guidance and channeling of their interests and enthusiasms, rather than domination or unreasonable standards
 - a best friend
 - experience of belonging to peer group—opportunities to identify with others of same age and sex
 - adult-supervised groups and planned after-school activities
 - exercise of both large and small muscles
-



ABOUT NINE OR TEN

Physical Development

- growth slow, steady—girls forge further ahead; some children reach the plateau preceding the preadolescent growth spurt
 - lungs, digestive and circulatory systems almost mature—heart especially subject to strain
 - teeth may need straightening—first and second bicuspid appearing
 - eye-hand coordination good—ready for crafts and shop work
 - eyes almost adult size—ready for close work with less strain
-

Characteristic Behavior

- decisive, responsible, dependable, reasonable, strong sense of right and wrong
 - individual differences distinct, abilities now apparent
 - capable of prolonged interest—often make plans and go ahead on their own
 - gangs strong, of short duration and changing membership limited to one sex
 - perfectionistic—want to do well, but lose interest if discouraged or pressured
 - interested less in fairy tales and fantasy, more in their community and country and in other countries and peoples
 - loyal to their country and proud of it
 - spend a great deal of time in talk and discussion—often outspoken and critical of adults, although still dependent on adult approval
 - frequently argue over fairness in games
 - wide discrepancies in reading ability
-

Special Needs

- active, rough-and-tumble play
 - friends and membership in a group
 - training in skills, but without pressure
 - books of many kinds, depending on individual reading level and interest
 - reasonable explanations without talking down
 - definite responsibility
 - frank answers to their questions about coming physiological changes
-



THE PREADOLESCENT

Physical Development

- a “resting period,” followed by a period of rapid growth in height and then growth in weight—this usually starts sometime between 9 and 13—boys may mature as much as two years later than girls
 - girls usually taller and heavier than boys
 - reproductive organs maturing—secondary sex characteristics developing
 - rapid muscular growth
 - uneven growth of different parts of the body
 - enormous, but often capricious, appetite
-

Characteristic Behavior

- wide range of individual differences in maturity level
 - gangs continue, though loyalty to the gang stronger in boys than in girls
 - interest in team games, pets, television, radio, movies, comics
 - marked interest differences between boys and girls
 - teasing and seeming antagonism between boys’ and girls’ groups
 - awkwardness, restlessness, and laziness common as a result of rapid and uneven growth
 - opinion of own group beginning to be valued more highly than that of adults
 - often become overcritical, changeable, rebellious, uncooperative
 - self-conscious about physical changes
 - interested in earning money
-

Special Needs

- understanding of the physical and emotional changes about to come
 - skillfully planned school and recreation programs to meet needs of those who are approaching puberty as well as those who are not
 - opportunities for greater independence and for carrying more responsibility without pressure
 - warm affection and sense of humor in adults—no nagging, condemnation, or talking down
 - sense of belonging, acceptance by peer group
-



THE ADOLESCENT

Physical Development

- rapid weight gain at beginning of adolescence—enormous appetite
- sexual maturity, with accompanying physical and emotional changes—girls are usually about two years ahead of boys
- sometimes a period of glandular imbalance
- skeletal growth complete, adult height reached, muscular coordination improved
- heart growing rapidly at beginning of period

Characteristic Behavior

- going to extremes, emotional instability with “know-it-all” attitude
- return of habits of younger child—nail biting, tricks, impudence, day-dreaming
- high interest in philosophical, ethical, and religious problems—search for ideals
- preoccupation with acceptance by the social group; fear of ridicule and of being unpopular; oversensitiveness and self-pity
- strong identification with an admired adult
- assertion of independence from family as a step toward adulthood
- respond well to group responsibility and group participation
- groups may form cliques
- high interest in physical attractiveness
- girls usually more interested in boys than boys in girls, resulting from earlier maturing of the girls

Special Needs

- acceptance by and conformity with others of own age
 - adequate understanding of sexual relationships and attitudes
 - kind, unobtrusive adult guidance which does not threaten the adolescents’ feelings of freedom
 - assurance of security—adolescents seek both dependence and independence
 - opportunities to make decisions and to earn and save money
 - provision for constructive recreation—some cause, idea, or issue to work for
-



Principles of Physical Growth and Motor Development —

Research on physical growth and development has disclosed certain general principles. As previously discussed, the cephalocaudal principle refers to the fact that growth and motor development proceed, in general, from the head to the tail end of the human organism. An adult built with the proportions of a baby would be top-heavy. The proximodistal principle refers to the fact that growth and motor development proceed from the center of the body to the periphery. For example, the baby's early reach-



ing is accomplished by gross movements from the shoulder, before the wrist and fingers are used. Another principle is that of progression from general to specific action patterns and from general gross to specific refined control. Motor chaining illustrates this principle. Motor chaining occurs when individuals become more efficient in a motor activity the more they practice it. An example of the chaining process is the difference in walking in the average eighteen-month-old and the average two-year-old. The former uses his or her whole body to obtain balance and to navigate. He or she walks for the sake of walking. The latter walks efficiently and easily. Rather than being perceived as a goal in itself, walking now serves as a means of getting the child where he or she wants to go.

In the development of highly complex motor skills, all the processes of learning and development that have been discussed occur, and in many different sequences. An accomplished swimmer has moved in his or her performance from relatively crude, gross movements to refined and at first partially independent movements with the feet, legs, arms, hands, and head. Chaining of responses has occurred. Eventually, when the separate skills, movements, and postures are integrated—changed from specific back to general, but a more complicated general—the swimmer's or diver's performance will be good. Such a process is necessary for all complex motor skills, such as dancing, boxing, tennis, and even dodging mud puddles.

Patterns of Growth

Different parts and systems of the body grow at different rates and at different times. Neural growth is rapid during infancy, changing to a much slower rate during early childhood. Sexual or reproductive growth follows a dramatically different pattern. There is a slight increment in early infancy, but almost no change between late infancy and late childhood. A striking increase in rate of growth occurs before and around puberty, followed by a slower gain that tapers off in late adolescence. The most obvious pattern of growth to the casual observer of the child is somatic or body growth. This includes such characteristics as length of arms and legs, girth of chest and abdomen, weight and height, and width of shoulders and hips. Changes in somatic growth account for shifts in the size of the head, trunk, and extremities.

In summary, one might say that the rate of growth is rapid during infancy and moderately slow during childhood. Around puberty, which arrives earlier for girls than for boys by approximately a year, there is a rapid gain, followed by a slow year-by-year increase in later adolescence.

QUESTIONS

1. Define these terms:
cephalocaudal proximodistal
pubescence chaining process
2. Young children tend to move their entire bodies when making motor responses. Gradually only certain muscles are involved in their motor responses. What is this motor development called?
 - a. cephalocaudal sequence
 - b. the mass to specific sequence
 - c. the law of developmental direction
 - d. the proximodistal sequence
3. Girls generally begin experiencing their growth spurt between the ages of nine and twelve, boys between the ages of eleven and fourteen. As a result, what occurs between the ages of ten and fifteen?
 - a. Boys tend to be slightly larger than girls.
 - b. Girls tend to be slightly larger than boys.
 - c. Boys and girls tend to be the same size.
4. When talking about children's growth we can refer to their chronological age, mental age, reading age, height age, weight age, and dental age. Which of the following statements explains why we can speak of these various "growth ages"?
 - a. All parts and systems of a child develop at the same rate.
 - b. All parts and systems develop in the same sequence.
 - c. Not all parts and systems of an individual develop at the same rate.
 - d. Not all parts and systems of an individual develop in the same sequence.
5. What explains an adolescent's uncoordinated, jerky movements that often cause accidents?
 - a. clumsiness
 - b. rebellion against parents and meanness
 - c. undeveloped skill in controlling new body proportions
6. Interview two children in any age group about the kinds of things they like to do in their free time. List their interests. How do they relate to the behavior characteristics for their age group?

7. Tony is eight years old. His growth is considered average for his age. Give a few examples of what his physical development is like at this age.
8. Physical growth, by definition, involves change. Which change was most difficult for you to accept? Why?
9. Kathy is six years old. Her behavior is average for her age. Give a few examples of what her behavior is like at this age.
10. How does physical growth affect social acceptance?

OTHER READING

McCandless, Boyd R., and Trotter, Robert J. *Children: Behavior and Development*, 3d ed. New York: Holt, Rinehart, and Winston, Inc., 1977.

Meredith, H. V. "A Descriptive Concept of Physical Development," D. B. Harris, ed., in *The Concept of Development*. Minneapolis: University of Minnesota Press, 1967, pp. 109–122.

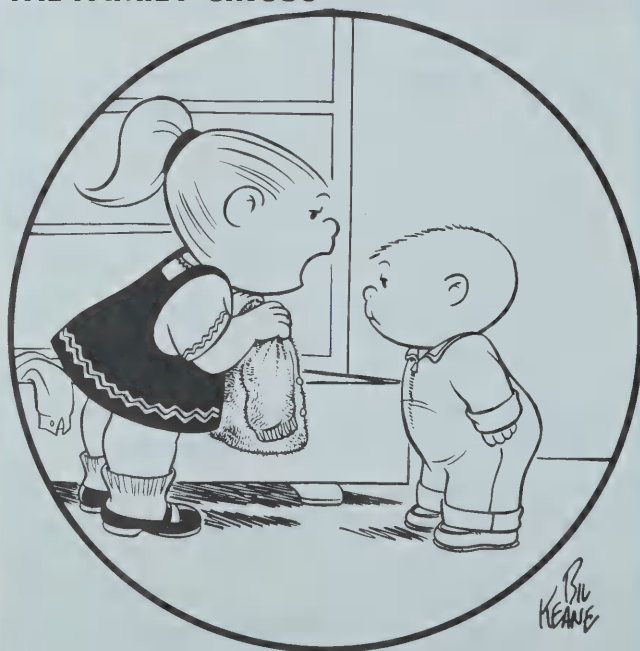
Meredith, H. V. "Physical Growth." *Encyclopedia Americana*, Vol. 13, 1959, pp. 499–502.

Mussen, P. H., and Jones, Mary C. "Self-Conceptions, Motivations, and Interpersonal Attitudes of Late- and Early-Maturing Boys." *Child Development*, Vol. 28, 1957, pp. 242–256.

Smart, Mollie S., and Smart, Russell C. *Children: Development and Relationships*. New York: Macmillan Publishing Co., 1978.

14 The School Age Child: Intellectual Development

THE FAMILY CIRCUS



"It's a sweater. You have to wear it when Mommy starts getting chilly."

THE FAMILY CIRCUS by Bill Keane reprinted
courtesy of The Register and Tribune Syndicate, Inc.

We have all heard the statement, “Out of the mouths of babes.” Adults may chuckle at a child’s earnest expression of wisdom, but children are convinced of their conclusions. This is especially obvious to one who has ever tried to change a child’s mind about something. There is a practical reason for this behavior. Children’s thought processes are different from those of adults. If children cannot think on the level that is required to understand what the older person is talking about, they cannot be expected to change their minds.

Human beings acquire much of their behavior through learning. The behavior learned comes by reaction to stimuli and to the rewards accompanying such reaction. The response may either be initiated by people themselves or copied from the responses of others. In general, the facts people learn are not functional until they reflect upon them, reflect on how to implement them, and decide how to relate to them and to their behavior. This process is a vital part of learning.

Thought Processes

The leading theories on children’s thinking maintain that the thought processes of children differ in quality from those of adults. Adult thought processes are more abstract. One prerequisite for abstract thinking is the ability to classify. Young children are unable to use any significant criteria to put things into classifications. Their thinking is related to their own personal experience and whatever information they have acquired. At this level children are not yet able to solve many of their problems intellectually because they do not have the necessary mental tools. For example, when a young child is asked, “What is a father?” he or she may answer, “A father wears a hat, drives a car, and goes away.” Or, if a child is asked, “Is a dog your brother?” he or she may answer, “Yes, because he lives in the same house.”

Young preschoolers tend to classify objects on the basis of their own personal experience. They generally ignore abstract concepts of color, size, and shape, and instead focus on family schemes and personal relations. For example, preschoolers may classify blocks into families, with large ones being the “father” and “mother,” and small ones being the “babies.” In a sense, they are focusing on size, but size in this case is tied to what is personally relevant to them, that is, their families. By five years old, children are able to detach themselves from their personal and emotional framework and can focus on abstract properties of things. Their systems of classification become more sophisticated as they focus on a wider range of properties.



As children progress in their ability to classify, they can, if asked, put all red blocks together, then all triangles. They can classify things that are alike and things that do not resemble each other. They can also connect a dog with a doghouse, a bird with its nest, and realize the humor of a dog in a nest.

To be effective in helping children learn and to be able to explain ideas and events to them, an understanding of the thought processes of children is necessary.

The following example will help to clarify some aspects of their thinking.

John is four years old. Frisky, the family puppy has been his constant companion. He refers to the puppy as Frisky Jones, just as he himself is known as Johnny Jones. One day the family car, parked on a hill, rolls backward and kills Frisky, who was sitting behind it. John is

heartbroken. His mother tries to make him feel better, explaining that it was an accident. Someone forgot to set the brakes, and so, the car, rolling backward ran over Frisky and killed him. Frisky should not have been sitting behind the car. When mother sees that John is still very unhappy, she tells him that they may be able soon to get another dog just like Frisky.

How well does John understand what his mother is trying to tell him? How well is he equipped to understand the meaning of this experience? Does John know what death means? Does he know what life means? Is everything that moves alive? Then the car that killed Frisky must be alive also and must have decided to do it. The car might want to kill him, John, too, if he did something that was against the rules. Does John understand that human beings can only produce human beings? Or does he think Frisky Jones is as much a member of his family as he is? In that case, if he (John) was run over, would his parents soon get a new boy and forget him? How much do we know of his real thoughts and concepts?

One can find great variation in children's reactions to similar situations:

1. John may think that Frisky is a true member of the family, that the car is alive and therefore may decide to run over him also, and that his parents then might easily replace him. Consequently, he feels great anxiety and grief.

2. John may have come to no conclusions, one way or another, about the identity of Frisky and of the car. (This is rare. Children want to master their surroundings. They are more likely to arrive at a wrong conclusion than at no conclusion.)

3. John may believe the true and the false at the same time (without being disturbed about it), leaning more toward one concept than the other depending on his frame of mind. He might feel at one moment that Frisky is his brother, while at the same time he may be aware that this is not true. His feelings also would vacillate.

4. John may have a true understanding of the situation. This would mean that he realizes Frisky was only a pet in the home. He also knows, then, that the car is not alive, that it ran over the dog by accident, and that there was no purpose behind the incident. In this case, he can view the incident realistically and concentrate his feelings where they actually belong, namely, in grief over the loss of his dog.¹

1. Adapted from Annemarie Roeper and Irving Sigel, "Finding the Clue to Children's Thought Processes." Reprinted by permission from *Young Children*, Vol. 21, No. 6, (Sept. 1966), pp. 336-337. Copyright © 1966, National Association for the Education of Young Children, 1834 Connecticut Avenue N.W., Washington, D.C., 20009.

If John's criterion for classification is living in the same house, Frisky can be a brother. If, however, through assimilation of more ideas and through accommodation of his ideas to reality, he finds that people's brothers are only people, it is possible for him to correct his former idea, and accept the fact that only people can be brothers. "Put those things that are red together" can be the same as, "Put those things that are people together," rather than, "Those that live in the same house." Young children function better when they focus on one idea at a time than when they focus on the relationship of several ideas to a larger field.

As children's thought processes mature, they learn to put things together according to two or more criteria. They realize that a geometrical figure can be both blue and round and can put all the blue circles with



each other. When John reaches this level, he can classify Frisky with his family when referring to all living beings in his home, but not when human beings are the criterion.

In time children master the concept of reversibility. This is the concept of things returning to their original condition after manipulation. A child can turn a footstool upside down and use it as a raft with four poles, but when turned back see it still as a footstool. A red and blue reversible jacket is still both red and blue even though only the blue may be visible at the moment. By reversing it the red will be seen unchanged.

Another concept that children master is seriation. Seriation means that things can be ordered. Seriation can be based not only on size but on any common property.





When children have mastered all these different operations, they have reached the stage at which they can understand the concept of conservation. Conservation is one mark of the ability to think in abstract terms. Conservation refers to the knowledge that a quantity does not change even though the form in which it appears does change. In other words, if nothing is added to or subtracted from an object, the amount stays the same whether the shape is changed or the material is divided into pieces. For example, a piece of aluminum foil crumpled up contains the same amount of foil as before it was crumpled. Nothing has been added or taken away. Children who understand conservation know that the piece of foil may acquire different shapes without changing its original qualities. Their conclusions are drawn according to a concept of reality. They do not let sensory perception of visual evidence overrule their judgment. When John masters this concept, he will understand that Frisky was like a member of the family in some respects but not in others. Frisky was always a dog.

If John had developed the incorrect concept described earlier (in reactions #1 and #3), he would have an additional task to perform before being able to look clearly at the situation. Not only must he believe what he knows rather than relying on what he sees, but he must also accept the fact that his previous way of thinking was wrong.

Children reach the stage of conservation at different ages. Conservation of substance is arrived at before conservation of weight. Conservation of volume follows both of these. According to Piaget, conservation appears between the ages of eight and twelve years. Other researchers have reported it at younger ages. One researcher working with gifted children finds it as early as the age of four.

Games as a Means of Learning

The chief occupation of children is playing. However, time spent at play is divided between playing and arguing. Arguing whether a pitched ball was a strike, or whose turn it is, are among the most common experiences of childhood. During these verbal battles, children acquire an understanding of the spirit of rules. Through play, they can learn fairness and reciprocity, tact and diplomacy. In other words, they can begin to think on a more abstract level.

Children's games are not highly organized and are usually based on competition far more than on cooperative effort. Games children like best are those in which they can show their skills. Children, and in particular those children who find little chance for success at meeting adult demands, can find a position of status among their peers through possession of skill and daring.

Children also relish the excitement of frightening games. For example, they like playing hide-and-seek at dusk so that the appearance of another child can be frightening. Often scary games can provide children with some of the information and strength needed to deal with real perils.

Dramatic play provides the child with a rich variety of roles to explore. To be a cowboy or an airline pilot is easy. To be a parent or a teacher is not much more difficult. But to be a table, a sandbox, or something equally inanimate may pose quite a challenge to one's imagination. The ability to play a role is apparently related to intellectual ability and to adjustment.

Through play with peers, children learn much about themselves. Peers can be harsh critics. Any undesirable trait is quickly spotted by them and they are quite frank to deride it. This frankness can heighten change in the child for one rarely considers change until one becomes

aware of the opinions of others. Through association with peers, one acquires a firmer hold on reality about oneself than is possible if one has no playmates.

Peers also provide the child an opportunity for identification. Peer groups convey to their members a body of information and values. They provide a range of opportunity for the learning and playing of social roles.

The following passage defines the scope of learning that occurs among peers. This group manages to convey a substantial body of material to its members as witnessed by the activities of "the hut."

"It was a pitiful wreck of a tarpaper hut, and in it I learned the difference between boys and girls, I learned that all fathers did that, I learned to swear, to play with myself, to sleep in the afternoon, I learned that some people were Catholics and some people were Protestants and some people were Jews, that people come from different places. I learned that other kids wondered, too, who they would have been if their fathers had not married their mothers, wondered if you could dig a hole right to the center of the earth, wondered if you could kill yourself by holding your breath. (None of us could.)

"I learned that with three people assembled, it was only for the briefest interludes that all three liked each other. Mitch and I were leagued against Simon. And then Simon and I against Mitch. And then—but you remember. I didn't know then just how to handle that situation. I still don't. It is my coldly comforting feeling that nobody still does, including nations, and that's what the trouble with the world is. That's what the trouble with the world was then—when Mitch and Simon were the two and I was the one.

"What else did I learn in the hut? That if two nails will not hold a board in place, three will probably not either, but the third nail will split the board. I think kids still do that. I think objects made of wood by children, left to their own devices, if such there be, will assay ten percent wood, ninety percent nails.

"In the hut we looked and we learned. And drooled . . ."²



2. Reprinted from "Where Did You Go?" "Out." "What Did You Do?" "Nothing." by Robert Paul Smith. By permission of W. W. Norton & Company, Inc. Copyright © 1957 by Robert Paul Smith.

School Success

Factors in the classroom that affect children are those related to the psychological and emotional relationship existing between the teacher and the pupils, the teacher's enthusiasm, and the teacher's fund of knowledge.

Teachers have a significant psychological influence on children. They have a major impact on children's school adjustment, personality, and academic achievement. They may influence a student's decision about values, as well as choice of a career.

The teacher's values are communicated to the pupils directly through rules, comments, commands, and discussions. But what the teacher says, just as what the parents say, is less important than what the teacher does. The teacher becomes a model for the students. Teacher approval is sought and disapproval is avoided. The first grader declares, "I love my teacher more than anyone else." The second grader says, "No, Mommy. My teacher wants me to do it this way and that's the right way." Nor is it an accident when the child calls the teacher mother or father, or when the sixth grader mimics the walk of his or her coach.

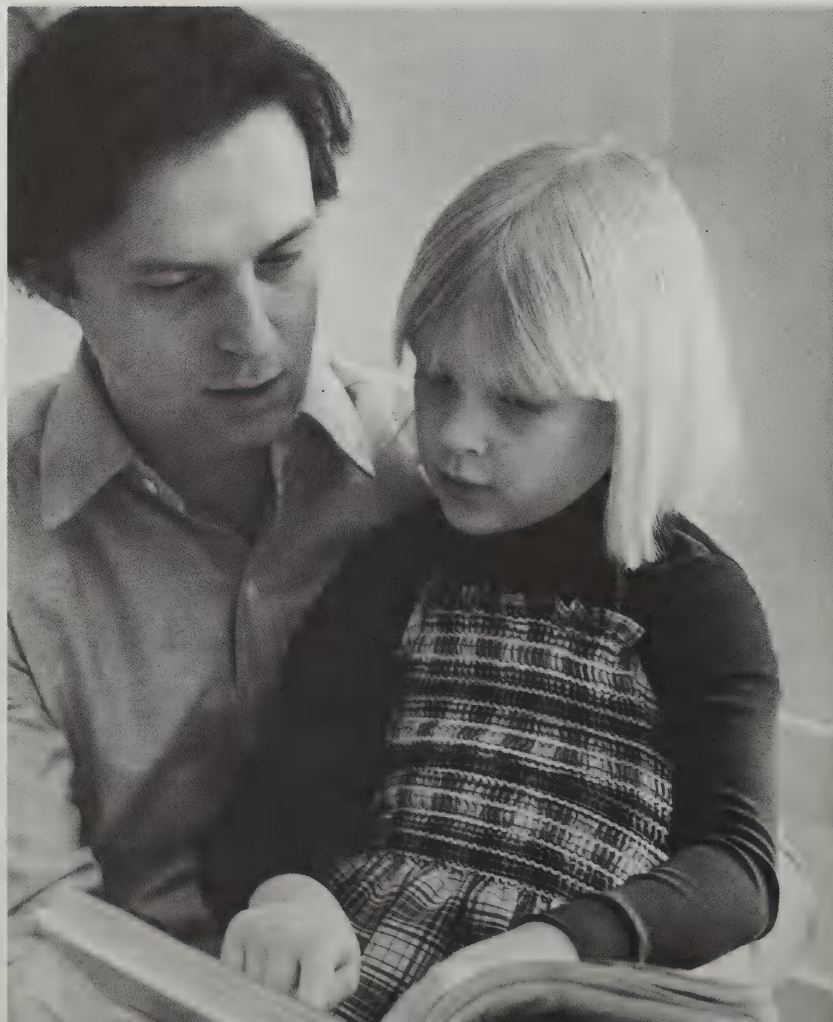
The teacher may actually take the place of an absent or neglectful parent in a child's emotional life. However, the teacher can never substitute fully for a parent. He or she can, though, create a warm and happy atmosphere in the classroom to alleviate some problems for children.

Effective teachers are those who have the desire to motivate young people to explore the unexplored, seek the unsought, and ponder the imponderable in addition to loving them. Intellectual curiosity, yearning for the strange and new, fearlessness in the face of unanswered questions cannot be aroused in children unless teachers themselves possess these qualities.

Life during school hours can never be separated from those preceding or following them. A variety of parental factors influence children's achievement in every school grade. These include the emotional relationship between parents and children, the attitudes of parents toward school and school achievement, and parental concern for and interest in children's performance. The parent who uses the school as a threat and says, "You wait until you get to school," or "The teacher will certainly straighten you out," and "You might as well be free now before you get to school," creates fear and repugnance toward school in the child. Parents who themselves make negative comments about school, school curriculum, or school personnel hinder their children's growth in school. For children are torn between two loyalties, loyalty to their homes and loyalty to their school.

Children enjoy showing their parents their school papers. They hope that their parents will appreciate what they have accomplished. For example, one evening six-year-old Dawn was showing her father her school papers. She would cheer for each star on her paper and allow her father to study the perfect papers. Those papers with errors she quickly passed over.

Many factors relate to academic achievement: intellectual ability, level of maturity, relationship with parents, emotional and personality factors, past success and failure, attitude toward school, the teacher, socio-economic status, and patterns of interest. In general, the academic skills a student acquires reflect the effectiveness of the school, as well as his or her self-concept.





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Self-Concept

How does one's self-concept develop? Why do some children expect to fail? Why do some children see a "trap door" waiting for them as they attempt to move smoothly along life's path?

Attitudes that people have toward themselves and the world are among the most important things that they acquire. The many experiences they have had have built up their ideas about the kinds of persons they are, about what others are like, and about what they can expect in the world.

If they are fortunate, they learn to feel that they are important, loved, and successful. They learn that they can explore and discover, and enjoy and create. They recognize that they can have things and do things. They realize that they have their own set of problems and advantages. In other words, they develop self-confidence and self-respect. These attitudes stem from being treated with respect. For this reason, it is important that most of their experiences be the kind that help them feel confident in themselves and have trust in the people around them.

A growing person's view of himself or herself is shaped by everything that affects the sweep of his or her development, ranging from his or her

genetic makeup to obvious and subtle social influences in the society in which he or she lives. One theory of the development of the self-concept is that children's views are influenced by "significant" persons, particularly their parents. Approval by others who are significant in their lives leads to self-approval, and disapproval by significant persons leads to self-disapproval. As children are appraised by "significant others," so they in time appraise themselves.

The impact the parents have on children depends not only on what they actually feel, think, or do, but also on the children's perception of what they think, feel, or do. The clearest testimony regarding this facet of children's experiences comes from adults who in retrospect describe how their attitudes toward themselves were influenced by what they later regarded as misperceptions of their parents' attitudes and intentions.

Some discrepancy between what youngsters think they are and what they think they would like to be or ought to be is probably inevitable. Even if they receive no reminders from others, they are likely, within the framework of their own experience, to become aware of their limitations. They can see a discrepancy between the real and the ideal when their reach exceeds their grasp, when they fall short of achieving a goal, or when the roles they play in their fantasies are more heroic than anything they can actually accomplish.

There will always be a gap between what is and what might be in youngsters who are seeking and striving to realize their potential. When youngsters consistently reach for the impossible they become frustrated. If they blame themselves for limitations that they cannot overcome, they frustrate themselves all the more. By loving children for themselves, giving them lots of attention, and treating them with respect, they are more likely to reach their goals and realize their maximum potential.

QUESTIONS

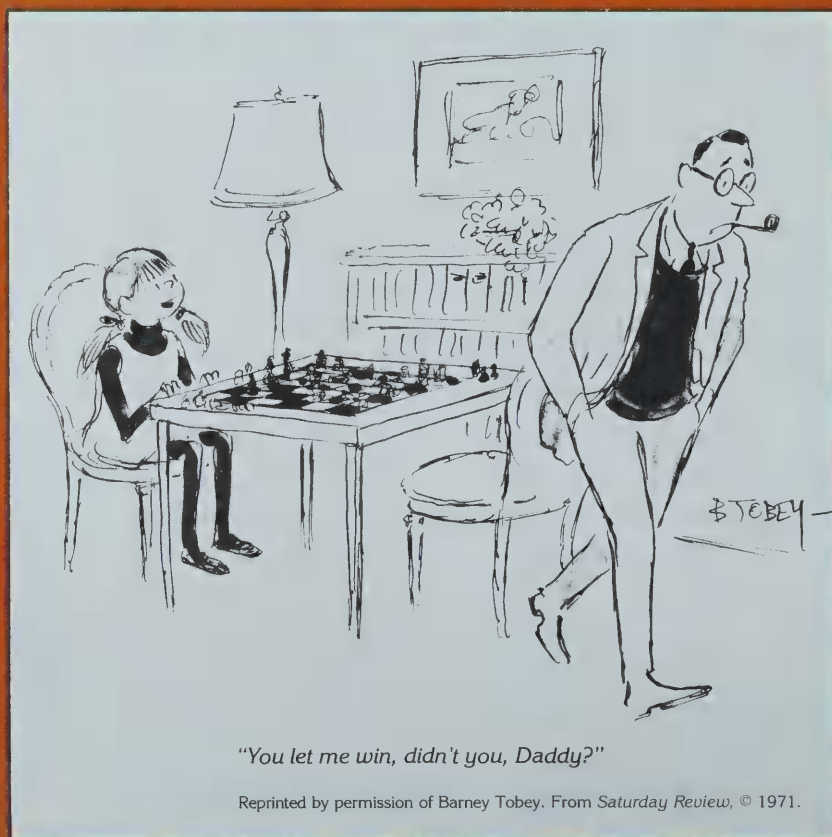
1. Explain the stages of mental activity that a child passes through en route to maturity.
2. Give examples of the concept of reversibility.
3. Give an example of the concept of seriation.
4. What do children learn from games?
5. How can arguing be of value to children?
6. Are peers needed all through life? How do your peers influence you?

7. Which teachers do you remember from your early school days?
8. Why is the teacher significant to a child's learning?
9. How can parents help insure success in school for their children?
10. What factors relate to the academic achievement of students?
11. Define self-concept.
12. How does a child's self-concept affect his or her behavior?

OTHER READING

- Almy, M. C.; Chittenden, E.; and Miller, P. *Young Children's Thinking*. New York: Teachers College Press, 1966.
- Baldwin, A. L. *Theories of Child Development*. New York: John Wiley and Sons, Inc., 1967.
- Chance, June E. "Independence Training and First Graders' Achievement." *Journal of Consulting Psychology*, Vol. 25, 1961, pp. 149–154.
- Christensen, C. M., "Relationship Between Pupil Achievement, Pupil Affection, Teacher Warmth and Teacher Permissiveness." *Journal of Education Psychology*, Vol. 51, 1960, pp. 169–174.
- Dennis, W., "Animistic Thinking Among College and University Students." *Science Monthly*, Vol. 76, 1953, pp. 247–250.
- Dennis, W., "Piaget's Questions Applied to a Child of Known Environment." *Journal of Genetic Psychology*, Vol. 60, 1942, pp. 367–420.
- Flavell, J. H. *The Developmental Psychology of Jean Piaget*. Princeton: Van Nostrand Co., Inc., 1973.
- Jersild, Arthur T. *Child Psychology*. 7th ed. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1975.
- Johnson, Ronald C., Medinnus, Gene R. *Child Psychology: Behavior and Development*. 3d ed. New York: John Wiley and Sons, Inc., 1974.
- Roeper, Annemarie, and Siegel, Irving., "Finding the Clue to Children's Thought Processes." *Young Children*, Vol., XXI, No. 6, September, 1966, pp. 335–349.
- Smith, R. P. "Where Did You Go?" "Out." "What Did You Do?" "Nothing." New York: W. W. Norton & Co., 1968.

15 School Age Child: Moral Development



Moral or character development begins long before the age of six and continues long after the age of ten, but the years in between, often referred to as middle childhood, are critical. There is no particular age at which a child demonstrates moral discretion. Such behavior is constantly evolving.

Moral development may be defined as the emergence of actions and decisions sanctioned by one's conscience and rules of conduct. Character also connotes a sense of conscience, and in broader terms may be defined as moral excellence. Each term, then, refers to qualities of behavior guided by conscience and standards of right and wrong.

Influences on Character

Early and continuous training in character development is essential. Children need consistent, coherent experiences, beginning very early in life, that will help them make upright and morally correct decisions. Comments by parents or teachers about behavior provide them views about right and wrong behavior. Often the adult's tone of voice or facial expression, as much as the words themselves, help children understand if a particular action or decision is considered "good" or "bad."

Character can be taught best within the family circle through example. Children may behave in a certain way so as to maintain the approval of a loving adult. Conscience, which is sort of a self-censoring device, begins to develop, according to researchers, in a home atmosphere when young children are reasonably emotionally dependent on their parents, when they feel accepted and secure in their love. If this atmosphere of affection and mutual trust among members of the family is maintained as children grow older, and the reasons for considering certain behaviors as proper and others improper are explained to them, they tend to adopt their parents' values and standards of behavior and make them their own.

To influence children's character development parents must be able to inspire them to achieve what they are capable of. This is done most effectively when parents: (1) value the child for himself or herself; (2) have faith in the child that enables him or her to have faith in himself or herself; (3) give recognition for effort, not just for achievement; and (4) recognize and use the child's interests, assets, and strengths.

Children learn more from what we do than from what we say. Moralizing unless supported by example is wasted. Character tends to be a reflection of the way in which the individual has been treated or feels he or she has been treated. Parents' responsibility, then, is to provide the necessary conditions for facilitating character development within the home.



"Forget pride, Emerson. For the sake of the firm I suggest you get in line and find out what she knows."

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An atmosphere of warmth in the relationship between parents and children is necessary. A warm parent: (1) listens to the child; (2) has frequent contacts with the child in situations other than disciplinary ones, such as greeting a child or showing him or her something interesting; (3) gives more praise than criticism; (4) is willing to give reasons and the principles basic to desirable behavior. On the other hand, the cold parent may: (1) do more rejecting, ignoring, or more punishing; (2) not praise enough for sufficient learning; (3) listen less to the child; and (4) not give reasons why certain behavior is desirable or undesirable but punishes him or her for lack of compliance.

Stages in the Development of Moral Judgment

According to Piaget the child's moral judgment develops as follows: (1) nonrecognition of rules; (2) recognition of rules as absolute and morally correct, as given by authority; (3) recognition of the arbitrary nature of rules; and (4) recognition of the changeability of rules.

If we define conscience as the intellect directed toward the moral aspects of human conduct, then a child develops moral judgment as he or she develops conscience. The first stage in the growth of conscience is the development of a normal emotional dependence of children on parents.

Learning to accept and internalize rules—developing a conscience—is dependent upon children’s ability to trust parents. During the preschool years, the conscience is a fragile and delicate structure. At this time children vacillate between assuming responsibility for their behavior and letting adults decide whether their behavior is right or wrong.

By the age of about four or five, stage two has begun. Children are usually able to follow the rules laid down by their fathers and mothers in regard to right and wrong behavior. They are able, at least much of the time, to do this when their parents are not present.

When children have internalized their parents’ rules and regulations so that they can control their own behavior, life really becomes easier for them. They do not have to wonder or worry about what father or mother will do if they behave this way or that way. In stage three, they can make many decisions for themselves, with their conscience as their guide. This is a significant step in children’s development toward maturity, because



eventually they must learn to guide their own actions and control their undesirable impulses.

It is especially important for parents not to overstress right and wrong, good and bad, during these early years when young children are freely expressing their natural impulses and desires. They should never be made to feel that they are "bad," even though their behavior is not good.

CASE STUDY

Robbie, three years old, seemed to be "beside" himself at times in preschool. Mrs. K., the preschool teacher, would pick him up to help him and he would cuddle up in her arms. Mrs. K. would say, "Robbie, you need someone to love you and make you safe, don't you?" There would be a low, serious, "Yes." Mrs. K. was puzzled about his extreme need at times.

One stormy day, when many of the children were absent, Mrs. K. let his four-and-one-half-year-old brother stay. He had wanted to stay so many times. At juice time, Robbie scowled and shouted at a child who took two crackers, "That's naughty. You are a bad boy." Mrs. K. asked Robbie, "You think Allen was a bad boy to take two crackers?" Before Robbie could answer, his older brother said, "The devil's angels will throw you in a lake of fire if you are bad." Mrs. K. was aghast but encouraged the brother to talk about it. She discovered that Robbie's mother had read some things about theology to the older brother and he had gleefully repeated them to Robbie as truth. The picture became clearer after Mrs. K. talked to the mother. The older boy was very close to his mother, the baby got his share of time and attention, but here was that middle one, Robbie, feeling out of the circle, not being able to make himself be that good boy to escape "the lake of fire."

Thoughts of moral judgment went through Mrs. K.'s mind. It had been just the other day that Debbie, a four-and-one-half-year-old, had spilled some water on Cathy and had immediately said, "It was an accident. I didn't mean to do it." Cathy had been shocked by the sudden water, but recovered gracefully after taking in what Debbie had said. She had arrived at the stage where she could understand the idea of "intention" in making a judgment. Thinking about that incident led to thinking about her niece, who when she knocked over her glass of milk said in a pleading question form, rather than a statement, "I'm not a bad girl." She had the idea of "intention" but wasn't sure others had it.

Children can become so anxious and fearful of doing something wrong that they become afraid to do anything unless specifically told to do so. Anxiety can be a product of conscience. The people who develop a morally mature approach to conflict situations have been conditioned to feel anxious and guilty if they allow their impulses, rather than their conscience, to dominate. It is at the age of around four or five years that children develop guilt feelings, another step toward character development.

CASE STUDY

Jim was a small, active, bright-eyed, three-and-a-half-year-old boy. When Jim appeared bored, the preschool teacher, Mrs. Y., learned that Jim was about to do something quite unacceptable. She knew that she had better find something interesting for him to do. However, this was not always possible.

In talking to the mother, who was a gentle, patient, pleasant person, the teacher learned that Jim had quite a history of being destructive. But what was more important to Mrs. Y. was the attitude of the parents. Mrs. Y. was sure she would have been tense, worried, and angry about such activities as cutting off the hair of his sister's doll and several times plugging the toilet so that a plumber had to be hired to fix it. But Jim's parents told it with sort of puzzlement, wonder, and kind of elation. Mrs. Y. thought about it for some time and suspected that both parents must have repressed such escapades as children—maybe had been “too good”—and here was an attractive child doing the things they had repressed. Needless to say, due to the apparent vicarious enjoyment the parents received, and although Jim had been punished, Jim was not getting the help he needed to form a typical conscience for his age level.

One day an opportunity arose. He had climbed up to an inappropriate place. Mrs. Y. went up to him and said, “Jim, you don't make yourself stop doing wrong things. Grownups have to stop you. You can stop yourself. You can make yourself get down.” He responded readily. Time proved that he had thought about what Mrs. Y. had said. The student helpers were encouraged to help Jim develop his own judgment and controls. They would warn him by saying, “Having a hard time controlling yourself?” or, “OK, Jim, control yourself.”

When Jim was nearly five years old his mother reported that he had come in one day and disgustedly said, “I need a spanking.” He had been painting the car with paint remover.

Imagination, initiative, and conscience contribute to fears at this time of life. Eager to explore and to try out new activities, children tend to push beyond limits set by parents. They begin to recognize rules that govern behavior. Once they recognize them, they insist upon their rigid application until they learn later that rules are not ends in themselves. Thus, during the years between three and six, some of the voice of society, via the family, is absorbed by the child, internalized, and integrated as part of his or her character. The first three of Piaget's stages have been achieved.

During middle childhood, six to ten years of age, the conscience grows at its most rapid rate. From the age of six, morality based on adult demands is firmly fixed. Usually children make great gains in self-control during these years. They adopt the ways of the adult society as ideals that seem to them to be right and best for their own personal code of behavior.



This is the beginning of Piaget's fourth stage, recognizing that rules may be altered. Children in the first years of later childhood often experience feelings of guilt and anxiety because they cannot be as good as their conscience would like them to be. They will blame and criticize themselves even when others do not disapprove. Thus, their sense of conscience is sometimes excessive. They are more severe than most adults in their judgements of the behavior of others, both children and adults. They want things to be either all right or all wrong. They tend to see things one way or the other. They rarely have a compromising view.

In order to protect themselves from their own and others' disapproval when they cannot live up to what is expected, they find reasons to justify doing what they want to do in spite of what they know they should do.

By the age of nine or ten children begin to be less dependent on adults for their values and ideas. They begin to look toward their peers for values to accept as guides for behavior. Social awareness increases by the age of eleven or twelve. However, failure to learn the lessons of one period may impede growth by making it difficult or even impossible to learn these tasks at a later period. For instance, children who do not learn to distinguish right from wrong during the time when the conscience is forming may have great difficulty in doing so later.

True morality is present only when a person's behavior is guided by conscience. By the time children approach adolescence, internalized conscience, rather than environmental restrictions, should assume much of the control over their behavior.

Qualities of Moral Judgments as Described by Piaget¹ —

According to Piaget, the changes that mark the development from less mature to more mature moral judgment are stated below.

- a shift from morals based on specific rules to more general conceptions of what is right and wrong
- a shift from a "morality of constraint" to a "morality of cooperation"
- a shift from belief in "imminent justice," the view that punishment for wrong-doing flows automatically from the child's acts, without the intervention of a punishing person (for example, if a child stumbles and hurts himself or herself after grabbing another child's hat, he or she was hurt because he or she stole the hat)

1. Adapted with permission of Macmillan Publishing Co., Inc. from *The Moral Judgment of the Child* by Jean Piaget. First published in 1932. Used also by permission of Routledge & Kegan Paul Ltd, London.



- a shift from moral conduct that is based on external demands toward a moral code based on internal standards which the child has adopted
- an increased ability to perceive rules of a game as rules based on mutual respect and consent rather than on arbitrary edicts
- an increased ability and willingness, in judging the acts of others, to take into account the circumstances in which these acts occur and of the motives underlying them, instead of judging them according to inflexible standards. (For example, young children may voice the opinion that to steal is to steal and all stealing is bad. When they are a bit older they will view the stealing of a loaf of bread by a hungry person as a less serious offense than the stealing of an apple by a well-fed person.)

Along with the changes in children's moral judgment, there are also changes in their views regarding justice and punishment. At first, justice requires that a person who has committed a wrong should suffer for it. This is the justice of expiation. The justice of retribution demands that if he or she breaks your toy, you or an adult in authority should break his or hers. At a later stage, justice rests on the idea of reciprocation and restitution. Let the wrongdoer make up for what he or she had done, for example, by giving up one of his or her toys, or supplying the money for repairing the broken toy.

Child-Rearing Practices and High Conscience

Parents who have children with strong consciences are people who are accepting or can be characterized as nonrejecting. The discipline procedures used are love oriented, with reasoning.

Many people have doubts about the value systems which they accepted as they grew up, and are uncertain about which values to pass on to their children. Lacking convictions of their own, many parents lack confidence in themselves and their decisions. Children, even very young ones, sense this uncertainty, confusion, and inconsistency. This makes it difficult for the child to establish standards of right and wrong and to develop the conscience which is the major moral and ethical attainment of the early childhood years.

If training is very strict, children's conscience tends to become too rigid. Intense feelings of guilt and anxiety will result and lead to unhappiness. To prevent this, children should be encouraged to develop tolerance for minor weaknesses in themselves and others.

A conscience can be too strong or too weak. A child with too severe a conscience develops values and ideals that are impossible to attain. The ideal level of conscience development is difficult to describe.

In a study of character development, Robert Peck and Robert Havighurst tried to find some answers to the question, "What is character?" They developed five successive stages of the development of character which they labeled amoral, expedient, conforming, irrational-conscientious, and rational-altruistic.

To help you understand each of these stages of character growth, these types will be defined and explained with a case study. Let us begin with the definitions of these five character types.

Amoral is an adjective that means without a sense of moral responsibility. The amoral character is present in infancy. Infants want what they want when they want it. They are not concerned that it is 2:00 A.M. and that their parents are tired. They are hungry and they want to eat, so they cry until food is given to them and their hunger needs are satisfied. Infants cannot be reasoned with. They must have their basic needs fulfilled immediately. They react on impulse according to physical or psychological needs. We expect amoral behavior from infants.

The word expedient means that which is immediately advantageous without regard for ethics or concern with consistent principles. The expedient character type develops in early childhood. Children find that their needs are better satisfied if they learn to react with others. For example, a toddler may try to take a toy from another toddler. The child refuses to give up the toy, however, and so a tug-of-war begins. The

first child may learn that if he or she trades one of his or her old toys for the toy airplane, which he or she wants, the other child may give up the plane without a struggle. Parents of very young children often use this stage of development to advantage. For example, when a young child insists upon trying to touch an expensive vase, the parent may distract him or her by offering a suitable toy, praising its merits and thus cause the child to leave the vase alone. This resolves the actions of the child for the moment.

The conforming stage develops in later childhood when the child wants to be like everyone else. Visit a fifth grade classroom and notice the dress of the students. If it is a school where boys wear blue jeans and plaid shirts, all boys wear this outfit as if it were a uniform. Youngsters in this age group need the security of the conforming activity. They are beginning to be independent and are able to go to club meetings, baseball practice, cheerleading practice, and other events alone, without their parents. To take this new step toward independence they need the security of the group. They thrive on conformity in dress, activity, and

THE FAMILY CIRCUS



*"I'm never wearin' this shirt to school again!
I got called on five times today."*

habits. Adults often object to this stage particularly if they feel that their child is conforming to the standards of friends whom they consider to be intellectually or socially inferior. At this stage of development, the environment or the neighborhood in which children live is very influential. The child will imitate other children. He or she will probably use the same speech, dress, values, and habit patterns of his or her peer group.

From the conforming period, the character grows into the irrational-conscientious stage. In this stage of development, conformity to the group code is not the issue. Rather, it is conformity to a code the individual child has internalized and believes in. For example, children who have been brought up to attend church every Sunday may make this idea a personal belief. They may believe that all people are good who attend church every Sunday and that those who do not attend church are bad. Thus they judge whole groups of people on one act which they have evaluated according to their standard of right or wrong.

The irrational component is visible in the individual's customary rigidity. An act is "good" or "bad" to him or her because he or she labels it so, not necessarily because it has positive or negative effects on others.

The final stage, the rational-altruistic type, describes the highest level of moral maturity. People of this type think of assuring the welfare of others as well as assuring their own. Rational-altruistic people have a reasonable regard for others. To personify this character type, one might picture Juan, a high-school boy who is attending a basketball tournament. Juan wants his high-school team to win very much because winning the championship will mean that his school has the best team in the district. However, although he cheers the team wholeheartedly, he does not boo the referees when they make a judgment against his team. Juan does not abuse the members of the opposing team in deed or word because he has no need or desire to do so. In other words, rational-altruistic persons react with emotion appropriate to the occasion. This does not mean that they are unemotional, for they are enthusiastic about promoting what is good and are aroused to prevent what is bad. Juan knows himself and faces his own reactions honestly. He does what is morally right because he wants to, not because it is "the thing to do."

Juan is as friendly and respectful to the custodian of the building as he is to his friends and teachers. He tries to be honest and kind to all and to respect the integrity of every human being. Further, he accepts responsibility for his own acts and accepts blame when it is deserved. He judges other people's individual actions without giving blanket approval or condemnation of people as a whole.

Fortunately for him, his public and private values are just about identical. He sees himself as he is, works for deeper understanding, and

respects his own capacities as he does those of others. He feels no unreasonable anxiety or guilt. If he errs, he feels guilty. He responds though by taking steps to correct the error. When he succeeds, he no longer feels guilty.

At this time in his life his moral horizon embraces all people, as his behavior demonstrates. It is probable that as an adult he will assume an appropriate share of responsibility in his role as a member of a family, community, nation, and the human race.

This picture of the rational-altruistic person represents an ideal goal to be sought, perhaps to be approached, as one moves toward adulthood, but probably never to be perfectly achieved and maintained. Maturity is a process which goes on indefinitely.

If all conditions for character growth were ideal, one would go through the five stages of development. All adults would then be in the rational-altruistic stage of development. If this were true all adolescents and adults would be characterized by honesty, kindness, willingness to assume responsibility for themselves and others, and unselfishness. Wouldn't it be a wonderful world if this were true?

Unfortunately, character growth does not always proceed through each stage, but may become blocked or stymied at a particular stage for the rest of a person's life. For example, we all know adolescents and adults who act according to the amoral stage of development. Amoral individuals disregard the effect their acts have on others. They are ego-centric and strive for personal gratification only. Expedient individuals' behavior is more controlled. They are considerate of others but only when it is a means to accomplish their own goals or when it is not too much trouble. Conforming individuals learn a role and are able to make choices acceptable in their group. Their behavior is entirely motivated by social approval. For them a choice between their judgment and the group's desire is generally controlled by the group. Irrational-conscientious individuals act on the basis of values of an emotional rather than rational nature. They are dependent on rules and find self-respect in following a code endorsed by authority. Rational-altruistic individuals understand standards and are able to make decisions about what is important in a situation. They are concerned about the welfare of others and are able to consider others because they also have a very deep self-acceptance.

The extensive research of Havighurst and Peck indicates that character development is significantly influenced by the family atmosphere. In an atmosphere where mutual trust and consistency exist, children's moral stability is strengthened. Children's character maturity also appears to be directly related to the degree of consistency, mutual trust, and mutual approval they experience within their family.



Discrepancies between Moral Concepts and Behavior

There are many discrepancies between a person's moral code and his or her behavior. To follow through on beliefs requires a conviction of beliefs. This is a deeper level of conscience than can be expected of a child. Knowledge that it is wrong to cheat does not keep children from cheating when a situation arises in which they are tempted to cheat or when they find it to their personal advantage to do so. Similarly, children who say it is wrong to fight with their classmates do not always follow through with this idea in their behavior. Most children are sometimes honest, sometimes not, sometimes helpful, sometimes not. It is not always a matter of honor to live up to standards. If they do not, they may feel guilty, and if caught, they may feel ashamed.

There are several reasons for discrepancies between moral knowledge and moral behavior in childhood. Frequently children are confused about the meaning of the rules they are expected to follow. Sometimes they are confused when abstract concepts must be applied to situations that have little in common with situations they have previously met. They may, for example, know that it is wrong to steal from a person but may be confused as to whether or not taking something from a public place falls into this category. Confusion may also arise when children see a discrepancy between what their parents say and what they do. If it is all right for parents to preach one thing and practice another, children feel that it is all right for them to do the same. For example, if parents talk of brotherhood but discriminate against a person of another religion, children are certainly confused.

Discrepancies between moral code and behavior are especially likely to occur when the moral concepts of the parents differ from those of children's peers. When children must decide between what their parents think is right and what their friends think is right, they will be influenced by what is more important to them personally. If, for example, honesty is more valued than cheating by the peer group, and if this coincides with their parents' concepts, they will be honest. If cheating is approved by the peer group because it shows loyalty to a friend in distress, it is more likely to be accepted as "right" by children who are more concerned with winning peer approval rather than parental approval.

Frequently, confusion occurs because moral concepts conflict with one another. Truthfulness may conflict with loyalty to one's friends or with ideals of courtesy and sympathy. Children may knowingly tell a lie to spare the feelings of another, just as an adult may.

Discrepancies between moral knowledge and moral behavior may also be due to emotional factors. For example, children may do some-



"I was so busy obeying the Scout law, helping other people, keeping myself physically strong, mentally awake, and morally straight, that I didn't have time to do my homework."

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thing they know is wrong to get even with the person who has angered them. If children feel that their mother has blamed them for an incident for which she should have taken some of the blame, they may become angry and do things they know they should not do.

Motivational factors are another cause of discrepancies between moral knowledge and moral behavior. Disobedience at home or in school is often motivated by a desire for attention. Children who feel that they are being ignored find the satisfaction of being in the limelight far greater than the temporary discomfort of being punished. Children may also intentionally disobey rules and defy authority to prove to themselves and their peers that they are grown-up and independent. Many children lie or blame others to avoid punishment, ridicule, or social disapproval. In games, children may cheat because they lack the motor skills needed to win fairly. In school, they may cheat because parental pressures have been used to force them to get better grades than they are capable of getting without cheating. Or they may cheat to avoid being left behind when their friends are promoted. They know that to maintain their status in the peer group

they must maintain their status in school. If they are incapable of doing this by cheating for example, they may be motivated toward truancy.

Few children fail to recognize the discrepancy between their behavior and their moral knowledge. Children who are caught cheating, for example, may try to justify their acts by claiming that everyone does it, but they still know that it is wrong, and they feel guilty. Children who intentionally destroy the property of others may justify their action by claiming that they are getting even for the treatment they have received. They also know that they are wrong, and if they are caught and punished they usually feel ashamed.

Children who have a selfish attitude feel justified in their selfish behavior, even when they know it is disapproved of. On the other hand, children who have a disapproving attitude toward selfishness have vague feelings of guilt when they act selfishly and sometimes show it by such gestures as hesitancy before acting.

The temporary satisfaction children get from social approval from the peer group when they defy adult authority may or may not be great enough to compensate for the feelings of guilt they experience. Claiming they were ignorant of the wrong, saying that everyone else does it, or projecting the blame to a parent, teacher, or member of the peer group are common ways of trying to relieve guilt feelings. If they can convince themselves, as well as others, that there was no discrepancy between their moral knowledge and behavior or that the discrepancy was not their fault, they then free themselves of feelings of guilt and shame.

QUESTIONS

1. What evidence can you give to support the statement, there is no age of discretion?
2. Interview five children between the ages of six and ten. How do they view honesty?
3. What kind of parents create a strong conscience in children?
4. Give some personal evidence to support the statement, children learn more from what we do than from what we say.
5. Why is a too severe conscience a problem to a person?
6. Give examples of Piaget's stages of moral development.

7. Describe people who exhibit Peck and Havighurst's stages of character development.
8. What are the reasons for discrepancies between moral knowledge and moral behavior?

OTHER READING

- Hurlock, Elizabeth. *Child Development*. 6th ed. New York: McGraw-Hill Co., 1980.
- Johnson, Ronald C., and Medinnus, Gene R. *Child Psychology: Behavior and Development*. 3d ed. New York: John Wiley & Sons, 1974.
- Kawin, E. *Basic Concepts for Parents: Parenthood in a Free Nation*. Vol. 3. West Lafayette, IN: Purdue Research Foundation, 1969.
- Munn, Norman L. *Psychology: The Fundamentals of Human Adjustment*. 5th ed. Boston: Houghton Mifflin Co., 1966.
- Piaget, Jean. *The Moral Judgment of the Child*. New York: The Free Press, 1965.
- Smart, Mollie, and Smart, Russell. *Children: Development and Relationships*. New York: Macmillan Publishing Co., 1978.
- Watson, Robert I., and Lindgren, Henry C. *Psychology of the Child*. 3d ed. New York: John Wiley & Sons, 1973.
- Westlake, Helen G. *Relationships: A Study in Human Behavior*. Lexington, MA: Ginn and Company, 1980.

16 School Age Child: Social Development



"I told you to wash only in luke warm water."

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As children leave home for the relationships of the early school years, they may have the same type of concern as that illustrated by the opening cartoon. How will they measure up to those of the same age and station? Will their friends and families like them as much when they begin to lose their teeth, when they have feet that seem too big for their body, or when they have a report card that is different from their brother's or sister's? In other words, will there still be love for themselves as individuals, indeed because they are unique individuals?

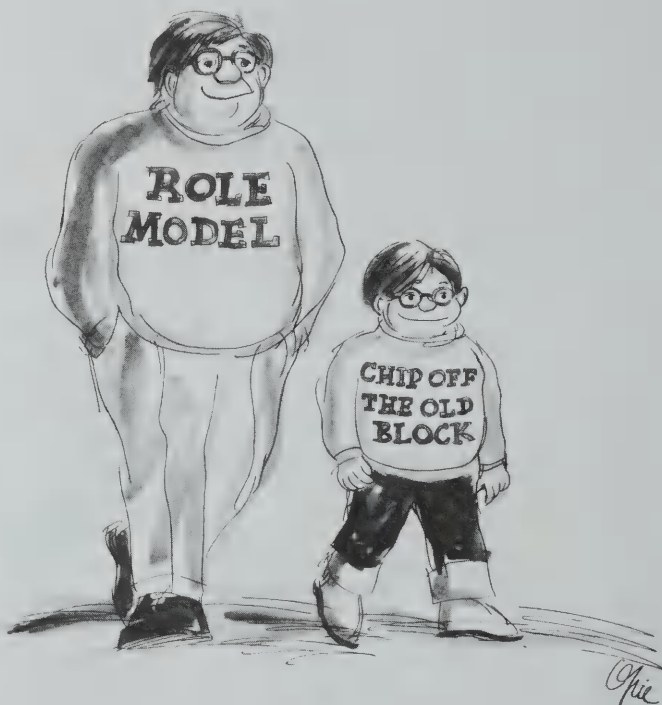
Identification

Identification for our purposes may be described as copying or modeling, or adhering to a group of which one feels a part. This definition focuses on sex-role identification acquired through learning.

The boy who has made a male identification is one who has happily adopted maleness as his way of life. He thinks of himself as a male. He accepts his role with its advantages and disadvantages, and enjoys it. His pattern of interests, style of walking, talking, and gesturing, and his sexual behavior are male. It is assumed that the boy has learned "maleness" for various socio-personal reasons. Ordinarily the best model for his role is his father. In other words, a boy loves, respects, and in many ways, imitates his father in order to arrive at a male identification.

With respect to the girl, the definition of identification is comparable. In this case, the mother is the model for femaleness. Sex-role identification is possible even when there is little warmth toward the parent of the same sex. Identification, however, is easier and less ambivalent when accompanied by good parent-child relations. Even those who have not made an appropriate sex-role identification may assume many of the attitudes, values, and beliefs of their parents and other significant people in their lives. Human attributes, such as conscience, morality, guilt, and the motive to achieve arise only through identification with one or both parents. It is important to note that the learning theory does not assume any literal incorporation of the image of the same-sexed parent in identification, but only a general modeling or patterning. Also sex-role preference and sex-role adoption, used synonymously with sex-typing, must precede and then accompany appropriate identification.

In our culture, cross-identification, that is, modeling after the parent of the opposite sex, is important for both boys and girls. A boy models after his father, but some modeling after his mother should also occur. Some traits commonly labeled feminine make society run more smoothly: sweetness, tact, the willingness to compromise, intuitiveness,



Drawing by Opie; © 1978 The New Yorker Magazine, Inc. Courtesy of *The New Yorker*.

sympathy, interest in people as well as things, and an appreciation of the arts. These are traits that are useful to the male, as well as the female. It also follows that if a boy has genuinely liked his mother, and respected and incorporated some of her traits, he might as an adult, make a more sympathetic and understanding husband and father to daughters without necessarily losing any of his manliness. Girls, too, need to incorporate some of their father's traits. For example, girls do compete. There is a place in their lives for being aggressive and for striving, that is, for those so-called masculine traits. Hence, incorporation of such traits is useful. In general, cross-identification affords a deeper understanding of the other sex and promotes more companionable relationships. Moreover, cross-identification is advantageous because masculine and feminine roles in our culture are not clearly defined, and are becoming even less so.



The Freudian theory, as it describes identification, is quite different from the social-learning theory. According to Freud, the very young boy first identifies with his mother. At around the age of three or four incestuous wishes toward the mother become very strong. (One way this phenomenon is illustrated is when the little boy says he is going to marry his mother.) These wishes, however, are counterbalanced by the child's fear of his father's strength and the possibility of punishment. Since this fear is great and the small boy cannot hope to vanquish his father and win his mother, he copes with his father's strength by incorporating unconsciously his father's attitudes into his own personality. Thus, he avoids threat and at the same time commands the mother vicariously. The phrase, "if you can't beat 'em, join 'em," describes this process.

The social-learning theory gives little importance to the idea of incestuous wishes toward the parent of the opposite sex. This theory holds that a father with whom a boy identifies, in the sense of loving and respecting him, facilitates appropriate sex-role identification in his son. This factor, rather than fear as described in the Freudian theory, is of major importance in successful identification.

Another distinction to be made is that between infantile and ego identification. In infantile identification, the child wishes to be the security-giving object in his or her environment. In other words, he or she wishes to be the father or the mother in order to avoid frustration. Under the stress of anxiety, he or she imitates adult behaviors, believing that this will make him or her identical with the model he or she is imitating. In ego identification, the realistic differences between model and child are perceived. The child admires and loves the model, and wishes to be like the model in the future, but does not wish to be the model himself or herself.

A third theory of identification, the power theory, is a logical extension of the Freudian and the social-learning theories. The power theory holds that identification occurs, not solely because the father is a threat and not only because he is a benign model, but because he is both an effective rewarder and an effective punisher. In other words, a son identifies with him and models after him because he is powerful. Children identify with strength, and parental strength is a combination of reward and punishment. An excess of reward over punishment may be conducive to appropriate identification.

Freudian theory holds that the identification process for girls is more complex than for boys. It involves, first a close association with or love for the mother, then renunciation, then love, modeling, and identification again. The girl also has incestuous wishes which she later gives up and incorporates many of her mother's attitudes into her own personality. Fear is a less important factor for girls than for boys in this process. At the

kindergarten to first-grade level, the little girl is faced with the inevitability of her femininity. If the mother is a pleasant person, she provides the best available model of the appropriate sex role for the child.

Forces in Identification

With the high divorce rate, faulty child-rearing practices, and poor marriages as common as they are in our culture, how do so many children achieve adequate sex-typing and identification?

There are at least four factors that promote identification in the absence of adequate parental figures.



First, there are parent-surrogates. A good kindergarten, elementary, or junior high teacher can go a long way toward providing a favorable female model for the girl whose mother is weak, vicious, or absent. The average boy, on the other hand, may not encounter a male teacher until he is in junior high school. However, aunts, uncles, friends, and neighbors all can, and do, help provide models for the child of either sex who has no parental model on which to build. Boys can make a satisfactory identification with fathers who themselves are not particularly masculine in their patterns of interest and activity. The reason for this is that boys can accept themselves easily as males if they see their father as warm, understanding, and rewarding. Once this basic psychological identification has been made, boys copy from other male behaviors that are most interesting to them.

Scouting may have resulted in part from the need for a male model for identification. The hero worship that is given the athletic coach may also originate in this need. In our culture, girls have an advantage over boys in the development of identification because mothers usually are more available to them than fathers are to boys. But then, of course, if the mother is unsatisfactory, the girl is doubly threatened by this increased exposure.





The second factor promoting identification is the transmission of favorable attitudes toward an absent or deceased spouse. There is evidence to indicate that mothers who pass on favorable attitudes toward their absent husbands rear children whose concept of and identification with an ideal father is better than that of children whose mothers pass on unfavorable attitudes toward the absent father.

The third factor is a general force in the culture. Boys are rewarded for acting like boys, punished for acting like girls. A comparable process holds true for girls. Teachers, the peer group, the community, all exert pressure for the boy to achieve masculinity and the girl femininity. These pressures, although not necessarily completely effective, are quite powerful.

Finally, there is the factor of selective memory, the process whereby we remember the good and forget the bad. Children, even when their parents have neglected, rejected, and punished them, forget the bad times and remember the good ones. They then create for themselves a model for identification, however flawed the original may have been. Of course, children also unconsciously follow the inadequate pattern set by their parents because they are most familiar with it.

The Family

Of all the relationships affecting the child's development, the family is the most important force. Its emotional attachments are crucial in the development of all relationships in life. In this setting children first begin to understand how human beings relate to each other. We must be aware that children, as they first observe human relationships in the home, have no basis for comparison. They believe that all people relate to each other in the same way. Home should be the place where children can feel unqualified acceptance. When members of their family are always after them to change or to improve, their feelings of security are affected.

Families represent a social status, an ethnic background, and a religion. The occupation of a child's parent tends to place a child in a certain context. Certainly the ethnic group, the religion, and the educational attitude all dictate certain rituals, habits, and attitudes. While children may eventually choose which attitudes they will accept and adopt for themselves, they are originally influenced by their early exposure at home.

Others in the community have expectations of children based upon their background. They soon realize that in a sense the successes or failures of other members of their family influence their development and behavior.

The decisions families make for children are also very influential in their development. They live in a certain part of town. They go with the family on vacation. Certain people are invited to the house. Frequently even the choice of a television program is supervised by parents. In this manner, families interpret the community for their children and set standards for evaluating various people, institutions, and programs.

Experiences that a child has within the family develop in him or her a sense of acceptance or rejection. When either or both parents reject a child, the child is likely to be aggressive, attention-getting, hostile, hyperactive, jealous, or rebellious. On the other hand, too much attention can hinder healthy development if it prevents a child from assuming responsibility. Such parents sometimes choose children's friends or hinder them from making social contacts outside of the family. Parents can also hinder social development in subtle ways. A mother may dominate a child by being the victim, the martyr, the weak or self-sacrificing individual, who keeps the child in service to her and does not permit him or her to step out into the world. The father may develop a faulty relationship with the child by demanding excessive obedience.

The size of the family also has an effect on socialization opportunities for each child. In the small family, each person's influence on the child's development becomes more significant.

Parents serve children and society best when they provide an atmosphere of acceptance, love, and encouragement. Parents provide children with a set of standards and security. Children need to have an opportunity to take on responsibilities and make choices at an early stage in life. They also need to be permitted to experience the natural consequences of poor choices, when these consequences are not too serious. In other words, they should be permitted to profit from their mistakes so that they will be better able to cope with the realities of life.



CASE STUDY

Tom was one year older than his brother John. Tom was an "active-constructive" child. He was ambitious, tried hard to do things and enjoyed success. John, being one year younger, couldn't compete successfully when he was young, so it seems that he decided not to compete for anything Tom could do well. Tom was a good swimmer; John didn't seem to enjoy swimming. Tom played a good game of baseball; John wasn't too interested in it. Tom liked dominoes and card games. John wouldn't concentrate on either game and rejected them. Later, if Tom liked whole kernel corn, John didn't. He liked cream style better. If Tom liked frozen beans, John refused them and wanted canned beans. Tom planned to go to college; John wouldn't consider it. John took an automobile mechanics course at a technical school. What will help John to become himself instead of a "not Tom" person?



"I know more about art than you do, so I'll tell you what to like."

Drawing by B. Tobey; © 1966 The New Yorker Magazine, Inc. Courtesy of *The New Yorker*.

The Family Constellation

The family make-up or constellation has a marked effect upon children. Each family has a distinct structure. The first child is a new experience for the parents. Their affection is directed to the one child, and relationships are established within the family. When the second child arrives, the group immediately shifts positions. The new baby usurps the position of the older child and the older child feels deposed, in a sense. Each succeeding baby brings about new interactions and new interrelationships. Each member of the family, in turn, must adjust to these changes in the family structure.

The relationships among members of the family constellation are usually made up of alliances and rivalries. Children present a constant threat to each other's positions. Sibling relationships are dependent upon the meanings and interpretations which the child brings to the situation. However, sibling relationships are the first relationships children have with people who are not in authority over them. This becomes their first opportunity to cope with people at the peer level.

Rivalry between brothers and sisters is almost universal. It can be seen in the child who tries to break a toy of a sibling. It is clearly seen in the child who tries to hurt a younger brother or sister. Rivalry tends to be the greatest when the children are more than eighteen months, but less than thirty-six months apart. Spacing children to avoid this period is not likely to make much difference. Rivalry stems from wanting to be first in the eyes of one's parents. It is a natural part of growing up.

Each child makes decisions to cope with his or her situation within the family constellation. For example, the child who is aggressive in demanding his or her rights could stimulate aggression or withdrawal in the other siblings. Some children cope most effectively with their siblings by being the "good" child, by defeating their siblings at every turn, by being "better," or by making certain that the parents note the difference.

There are two general types of relationships in families: the allies and the competitors. Sometimes family members are allies in public and competitors at home. Competition is often expressed in basic differences in interest. For example, in a family of two children where one is extremely athletic or vitally interested in science, the other may feel that he or she cannot compete and consequently withdraws and devotes himself or herself to reading or mechanical skills. The similarity among siblings is an expression of the general family atmosphere. For example, if parents and children value good grades in school, or, conversely, if they give grades little importance, the scholastic activities of the children may be quite similar.

— THE BOY IN THE MIDDLE¹ —

Measure the family by the middle boy;
If he gets on, the family will thrive.
The others should be lively sons, but he
Has to be more natively alive.

He has to keep his shape and rights between
The upper and the lower stones of the mill,
The youths and the babies, so he grows good eyes,
Tough muscles, and a chin all spikes and will.

He learns humility by wearing pants
Cut from the cloth his brothers have gone through;
His thoughts have plenty chances to mature,
Since he's the one the rest do talking to.

Big brothers and the baby sit on him
And mold him right for mankind and the good;
He gets the jobs the others do not want,
Not splitting but just lugging in the wood.

Too old to baby and too late to love,
He is the child the parents think of last;
In the true center of the house he sits
Quiet and sees the household hurtle past.

Likely his ears are just a shade too wide,
His eyes a blue that is just off a jot;
He looks like neither parent, but himself;
He is the wistful boy who is forgot.

Pity him not, for he is so himself
Something happens deep in his eyes and mind;
He grows into the woods as woodcocks do,
And walks and talks with Zeus with patched behind.

When wars are to be fought or poems made,
In times when it seems sure the sky will fall,
It may well turn out the one-horse farms'
Middle boys are the bumper crop of all.

Robert P. Tristram Coffin

1. Reprinted with permission of Robert P. T. Coffin, Jr., from the March 1947 issue of *Good Housekeeping Magazine*, © 1947 by the Hearst Corporation.

Peer Group

The child moves from the family to a peer group relationship. The original peer group is usually children in the immediate neighborhood. Eventually the child becomes part of a larger group. Children who have had nursery school experience are more socially active and progress in peer groups earlier.

In Western culture, the peer group assumes an increasingly important role in the formation of social behavior. Peer groups are really a distinct society for children. The group will have similar interests and accept children on the basis of the roles that they play. To ensure their acceptance by the peer group, children learn that they must accept the group's interests and values. This can be positive or negative. For example, if the children's peer group dislikes school, this can influence their attitude toward school. They must verbalize dislike for school or run the risk of being rejected by the group. If their friends gripe, they will gripe. They cannot afford to be different because this might jeopardize their status in the group. Belonging is a basic need, and belonging to the peer group gives the child a social identity.

The peer group can also provide children with a workshop in human relationships. It can provide contact with children of various religions, social classes, and ethnic backgrounds. It can help them learn to accept, work with, and cooperate with people who hold different opinions and beliefs. The peer group is important in that it provides children with a unique set of give-and-take relationships. To belong, children must live within the code of the specific peer group, keep its secrets, and be willing to meet its expectations.

Since establishing peer relationships is a vital developmental task, it might be important to look at the traits which seem to relate to high status within a peer group. Children who have high acceptance generally are outgoing, reflect emotional stability and dependability, and are physically attractive, usually athletically skilled, cooperative, socially adaptable, and friendly. Popular children tend to be above average (but not necessarily a great deal above the average) in intelligence, scholastic standing, and health, more dependent on themselves and less dependent on adults, and sensitive to the thoughts and interests of others. Children who are accepted by others are likely to have a more realistic view of themselves than children who are not accepted (Goslin, 1962).²

2. Adapted from p. 281 of Arthur T. Jersild. *Child Psychology*, 6th Edition, 1968. By permission of Prentice-Hall, Inc., Englewood Cliffs, New Jersey.



"My daughter Patience."

Children generally rejected by their peer group tend to be demanding, arrogant, or apathetic, and have few outgoing interests. Some children find group experiences unrewarding because they feel socially incompetent. Others are willing to accept a position outside of the group in order to meet other needs which have a higher value to them. For example, a child may stay outside the group and help the teacher if an adult model or friend is of a higher priority to him or her than peer group friendships.

Significant Others

Children's first models for social learning occur in the family. As they grow, their world expands and they have a whole new series of models. If we observe young children at play, we can note the unique meanings they attach to their experiences. Through children's contacts with others, children come to identify and learn a variety of social roles. They may engage in exploratory activity at times, but much of their activity centers on gaining attention and approval. As children mature, they may tend to identify with and imitate those who seem to be approved of by others, and those who seem to approve of them.

A child's sources of social identity, then, are the family, the family constellation, the peer group, and significant others. Through these various relationships children develop their ability to give or receive attention and affection. They learn the give and take of life. If the expectancies of the family and the family constellation are similar to the expectancies of the peer group and the significant others, children's socialization takes place more rapidly. If there is considerable conflict in values and standards among these various groups, their social development meets with more problems.

Regardless of the attitudes that children encounter, the important consideration is how they perceive the attitudes of others, rather than the attitude itself. Children's social identity is based upon the behaviors, beliefs, and identifications that they have observed and internalized rather than on some abstract concept proposed by parents without example.

QUESTIONS

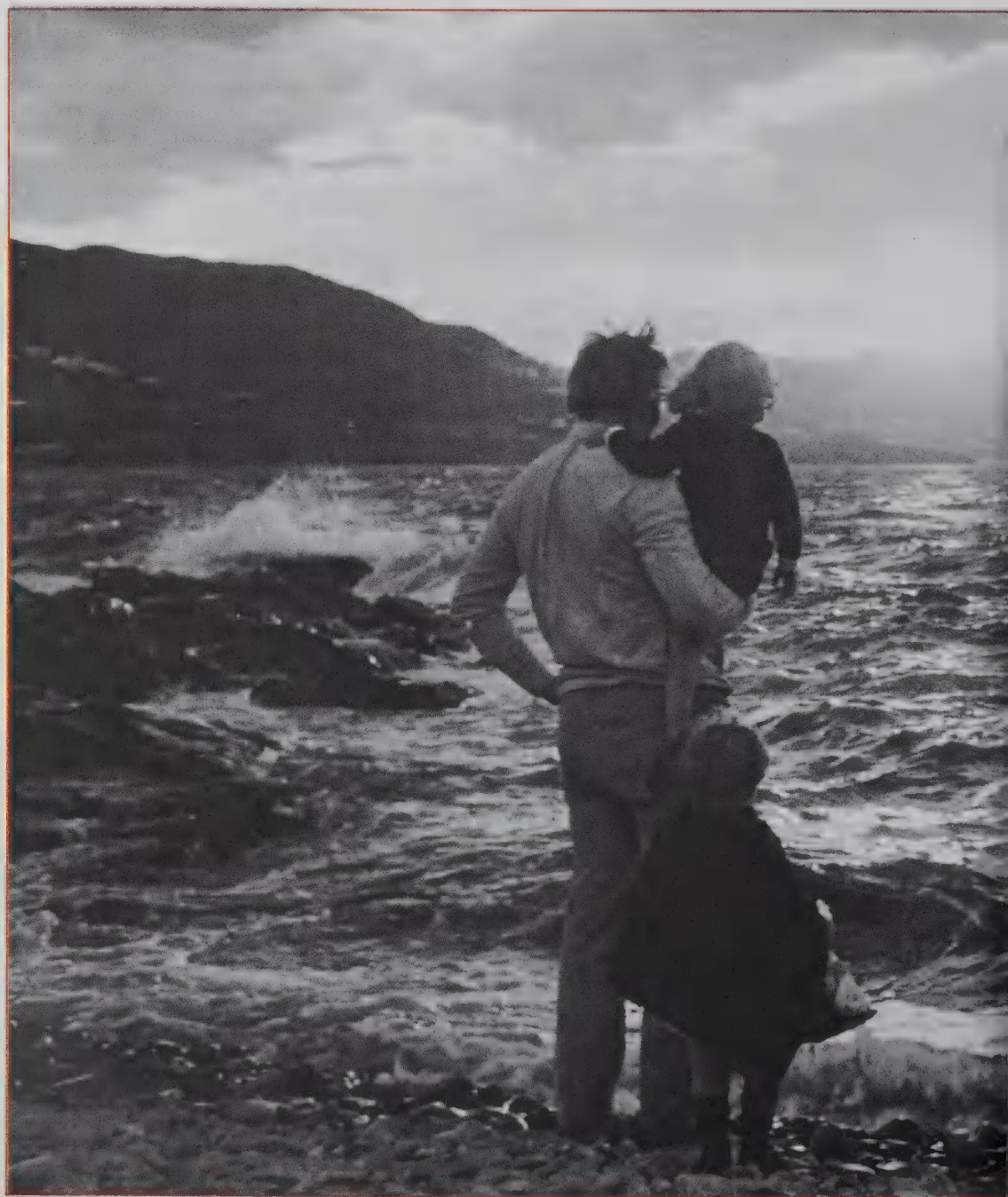
1. Define identification. Give an example of identification from your own life experience.
2. How do children get their sex-role identification?

3. What are some of the varied roles a child might play in peer groups?
4. How might different peer groups meet different status needs?
5. Give an example of how children might be willing to function outside of a peer group's demands because of other needs of greater value to them.
6. How may competition between the siblings bring on unnecessary discouragement?
7. Mary is the oldest of three girls, ages thirteen, eleven, and nine in a family that values good scholarship. She is a "B" student, excels in art, and is helpful around the house. Hypothesize about the other girls' behavior in terms of alliances and competition.
8. Do you subscribe to the Freudian theory or the social-learning theory of identification, or do you feel there is value in both? Why?
9. Why is cross-identification desirable in our society?
10. What are some forces in the identification process?
11. Describe the important relationships affecting a child's development.

OTHER READING

- Achenbach, T., and Zigler, E., "Social Competence and Self-Image Disparity." *Journal of Abnormal and Social Psychology*, Vol. 67, 1963.
- Baldwin, A. L.; Kalborn, Joan; and Breese, Fay H. "Patterns of Parent Behavior." *Psychological Monographs*, No., 3, 1945.
- Bandura, A., and Huston, A. "Identification as a Process of Identical Learning." *Journal of Abnormal and Social Psychology*, Vol. 63, 1961.
- Baxter, J. C.; Lerner, M. J.; and Miller, J. S. "Identification as a Function of the Reinforcing Quality of the Model and the Socialization Background of the Subject." *Journal of Personality and Social Psychology*, Vol. 2, 1965.
- Block, J., and Turula, Emily. "Identification, Ego Control, and Adjustment." *Child Development*, Vol. 34, 1963.
- Centers, R., "Social-Class Identification of American Youth." *Journal of Personality*, Vol. 18, 1950.

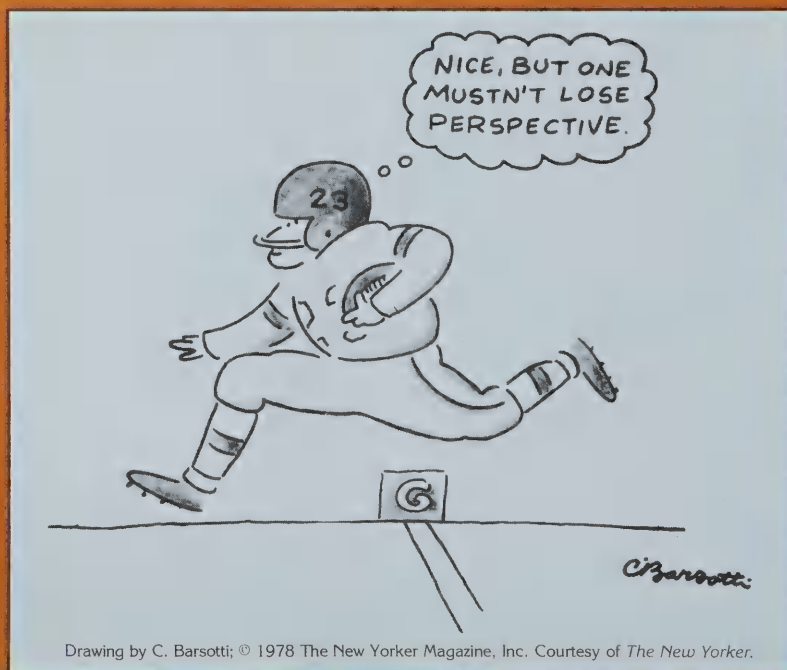
- Dinkmeyer, Donald C. *Child Development: The Emerging Self*. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1965.
- Jersild, Arthur T. *Child Psychology*, 6th ed. Englewood Cliffs, NJ: Prentice-Hall, Inc., 1975.
- Johnson, Miriam M. "Sex-Role Learning in the Nuclear Family." *Child Development*, Vol. 34, 1963.
- Robertson, J. "Mothering as an Influence in Early Development." *Psychoanalytic Study of the Child*. New York: International University Press, 1962.
- Smart, Mollie S., and Smart, Russell C. *Children: Development and Relationships*. New York: Macmillan Publishing Co., 1978.
- Watson, Robert I. *Psychology of the Child*. New York: John Wiley and Sons, Inc. 1973.
- Westlake, Helen Gum. *Relationships: A Study in Human Behavior*. Lexington, MA: Ginn and Company, 1980.



UNIT **5** SPECIAL NEEDS



17 Special Needs: The Adolescent



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The future is of particular importance all through childhood. Children are continually being asked to consider decisions for the future, to develop skills for future use, and to behave in a more grown-up way each day. The adolescent, however, is challenged with the immediacy of adulthood.

Adolescent and Goals

The adolescent must move from the dependence of childhood to the independence of adulthood. This transition period brings many questions to mind. Some of the questions are:

1. How can I feel comfortable in my new adult body?
2. How can I gain independence from my parents?
3. Can I trust myself to make decisions?
4. What can I do to earn enough money to support myself?
5. What do I want to do with my life?
6. What do I value?
7. Who do I trust?
8. How can I share in making the world a better place?
9. Can I find a friend who will really be true?
10. Can I be a valued friend?
11. What is love? truth? honesty?
12. What do I really believe?
13. Do I want to marry? Do I want to have children?
14. How can I tell people what I really believe, what I really stand for?
15. How can I help others reach their potential?

The list can go on and on. The young adolescent is concerned with identity—who he is or who she is. The older adolescent is preoccupied with what to do about it. These goals are accomplished by the adolescent over a number of years. For many young people, they may not be achieved until the late twenties. In reaching each goal, the adolescent is brought closer to the adult role he or she will someday assume.

Sexual Responsibility

The control of sexual behavior is a new major challenge for young people. The adolescent reaches the age of sexual maturity long before he or she is able to take the responsibility for the possible results of his or her sexual activity. Consequently, adolescents' sexual responsibility is of utmost concern to both the society and the family.

The lack of sexual responsibility creates problems of unwed mothers and unwanted children who become dependent upon the society for financial support. The lack of sexual responsibility also creates the possibility of an increase in the spread of venereal diseases.

For the family, the lack of sexual responsibility by adolescent members may bring a loss of status, a challenge to the family's sense of identity in the community, and the emotional burdens of shame, guilt, and doubt. The family may also feel threatened by the additional burden of rearing an unplanned for grandchild. Furthermore, helping the adolescent member strengthen his or her self-concept may be difficult and stressful for the family.



For the adolescent male, sexuality is not necessarily associated with love. Sensation accompanying sexual desire is centered in the genitals. Arousal is a natural part of his physiology. Often he may be aroused by a girl even though he does not feel any genuine affection for her. If the boy does feel affection for the girl, it is quite different from the deep feelings he experiences later in life as a mature adult. Adolescent boys are also aroused by a variety of stimuli, such as pictures, words, and jokes.

For the adolescent girl, sexuality is secondary to love. The girl experiences sexual desire, but her sexual responsiveness has a wide range of normal variation. Some girls experience the same urgent drives that boys experience. Other girls experience a rather diffuse sexuality. Their feelings may stem from romantic longings, maternal cravings, curiosity, pity, excitement, fear, and even anger. Some girls may not experience sexual cravings until their twenties.

Both adolescent girls and boys should have an understanding of the differences between the sexes, in particular, the diversity of sexual responsiveness in individuals. The adolescent must realize that responsible and sensitive behavior is necessary for mature sexuality and love. The mature individual is concerned with the feelings and welfare of his or her partner. The adolescent should understand that at his or her stage of development love and sex are generally quite separate.

Traditionally, the family and the church had the most responsibility for teaching control and direction of sexual behavior. Presently, adolescent values come primarily from parents and the church. However, the peer group is also influential. In addition the media which are becoming increasingly free with sexual expression influence individuals' sexual behavior. Sex is used to sell commercial products. Sex is used as a source of humor. Sex is used as a panacea for the release of tension. Sexual techniques and sexual problems are discussed in household magazines and on afternoon television. The message that is often conveyed is: to break with sexual tradition is to be modern, free, and alive.

In spite of all these influences on sexual behavior, it is the adolescent, himself or herself, who is left with the awesome responsibility of controlling and directing his or her own sexual behavior. Moreover, this responsibility is given to the adolescent at a time when he or she has little training or preparation for decision making. The individual at this stage lacks the experience and social maturity that is necessary to function as an adult, that is, take full responsibility for the consequences of his or her actions.

When a young person considers the sexual decision-making process, he or she faces a sequence of choices. The first choice is whether to engage in sexual intercourse or to abstain from it. The decision that is made by the individual concerning this choice will determine subsequent



issues and choices, if there are to be any at that time. It is clear that the decision that will be the most trouble free is to postpone sexual intercourse until marriage. This decision eliminates all the other decisions. Thus the adolescent postpones decisions concerning children, pregnancy, and delivery until marriage, a time when the individual can accept full responsibility for his or her actions. This particular decision has custom, history, and tradition on its side. Besides, there is little evidence that sexual intercourse leads to improved relationships or that premarital sex results in satisfactory marital adjustment.

Adolescents and Needs

Adolescents need friends their own age who share with them ideas, ideals, dreams, and goals. They need friends who will take part in daily activities with them and help them assume responsibility. They need friends with whom they can trust their deepest secrets.

Adolescents also need encouragement in independence. They need a chance to demonstrate and develop their skills. As Carl Sandburg wrote, "One thing I know deep out of my time: youth when lighted and alive and given a sporting chance is strong for struggle and not afraid of any toils or punishments, or dangers or death."¹ Adolescents need opportunities to develop a sense of responsibility, a sense of self-esteem, and a sense of importance. In short, they need to be needed. And yet, at the same time, they need to be encouraged to become independent.

Many frustrations of today's young people result from extended periods of education that keep them in a state of dependency long after they have reached physical maturity. This was not always the case. In 1940 only 4 percent of American men and 5 percent of American women had completed 4 years of high school. By 1970, these proportions had increased to 30 and 38 percent, respectively. However, of more significance, 14,796,000 people between the ages of 14 and 17 were enrolled in school in 1970, and they represented 94 percent of their age group. In that same year, 76 percent of the nation's 17-year-olds finished high school. In 1870, the comparable figure had been 2 percent.

1. Carl Sandburg, *Always the Young Strangers* (New York: Harcourt Brace Jovanovich, 1953), p. 304.



To help young people cope with the frustrations of dependency, we must provide opportunities for them to contribute to their school and community. Adolescents need opportunities to demonstrate their skills and receive recognition. They need positive experiences to help them develop a positive self-image. Adolescents need to feel that they are valued for themselves and for their unique contributions.

Youth need adult models. They need parents and other adults who set high standards. Parents cannot impose moral codes on their children, but they can teach concepts of right behavior. Some adults, however, are unable to be leaders of youth because they are still struggling with their own identity. For those adults, the adolescent who mirrors their weaknesses poses a threat.

CASE STUDY

A high school girl, Karen, said one day that she felt her parents had not disciplined her. They never seemed to tell her what she should do. She wondered how she had turned out as well as she had. This sounded rather strange to the teacher and she asked several questions which brought out the information that Karen had been an easy child to raise; she had loved her parents dearly and had tried to please them, which had not been hard to do. As for the parents, Karen discovered that they had been wonderful examples of patience and thoughtfulness and had helped her judge situations and make wise decisions early. Karen's puzzlement over her parents disappeared and her admiration of her parents increased considerably.

Another idea that the story of Karen illustrates is that Karen formed the habit of being patient and thoughtful, of analyzing situations so that better decisions could be made while she was young, and that she had had more than ten years of practicing these habits. Also, she didn't have to break the habit of thoughtlessness or jumping to conclusions so that she could become what she would like to be.

Another girl, Shari, said that she had decided that she would not treat her children when she was married as she had been treated. She was shocked at herself when she went to baby-sit to find that she was doing the same things her mother had done, that she was copying the example her mother had provided. She was yelling at children and threatening them and she had hated having her mother do that when she was little. Shari also realized that she was not letting the children make decisions they could make. This meant that she would have to work at breaking some habits she had formed so she could form the preferred ones.

Adolescents need patience, understanding, and time to grow. They need adults who can help them achieve self-identity. They need the opportunity to play roles, to share ideas and ideals, and to be involved in plans and goals from start to finish. Adolescents need adults who will provide them with positive experiences. They need adults who will treat them as equals, as changing, maturing human beings on their way to adulthood.

The transition from adolescence to the independent state of adulthood can be traumatic for the child as well as for the parents. If parents have prepared themselves and their children for this step, it can be a rewarding time. In some families independence is adamantly resisted by parents who refuse to cut the apron strings and by children who don't



"Well, if you don't know what the world is coming to, who does?"

Reprinted by permission of William von Riegen. From *Saturday Review*, © 1970.

want to let go of them. One is reminded of the man who built a boat in his garage. When he finished he found that he could not get it through the door. He was left with three alternatives: the boat could remain inside the garage; the garage could be torn down; or the boat could be taken apart and built elsewhere. One would hope that parents do have more foresight than the boatbuilder and can avoid having to face alternatives as drastic as his.

Adolescents and School

Is it possible to drop out of school and drop into society? Do young people drop out of school mentally but remain in school physically? The answer to both questions is yes. Perhaps the emphasis on the school dropout problem is misplaced. It may be that society should focus on the school and not on the school dropout. How real or relevant is the school experience?

Almost every school's statement of education objectives includes at least two sections. The first talks about academic excellence, subject mastery, and getting into college or a job. The other discusses the human purpose of school—values, feelings, personal growth, the full and happy life.

What students learn and what they become depends to a large degree on how they feel about themselves, their classmates, and their teachers. Thus the second in the set of educational objectives may significantly influence the first. The school dropout is the pupil who has both sets of objectives working negatively for him or her.

Many students see school as a place to go to “learn stuff.” They sit in the classroom, regurgitating answers, anxiously waiting for the bell to ring. The mindless lessons, the memory and boredom, and the orders of cafeterias and study halls — no talking, sit up straight, get a pass — frustrate them. For some students, English, mathematics, history, and science seem irrelevant. From class to class, from school to home and back again, they pass the time. What is learned is to defer—to time, to authority, to events.

Parents know that their adolescents should stay in school. They know that young people need to “get an education” and acquire skills if they are to support themselves someday. Parents, however, do not realize that often the school works at the expense of its students.

As long as schools continue to have very little impact on the students’ values, attitudes, and behaviors, no one is likely to examine the school experience carefully. However, if schools begin to make important changes in students’ lives, people will suddenly become very concerned about what is happening to the young minds that are forced to accept this kind of education for twelve years. They will begin to ask whether there should be compulsory education, or whether students should be free to accept or reject schooling. And they will begin to ask hard questions about what should be taught, and how it should be presented. For example, if all children should be motivated, should they also be “achievement motivated”? At what age? Who decides?

QUESTIONS

1. Why is the control of sexual behavior one of the most important challenges of adolescence?
2. The lack of sexual responsibility by adolescents creates problems for the society and the family. What are these problems?
3. What are some of the adolescents’ needs?
4. What does the statement “adolescents need to be needed” mean in your life?

5. Describe a pupil who has dropped out of school mentally but is still in school physically.
6. How does the way you feel about school influence what you do in school?

OTHER READING

Mahoney, M. J., and Thoreson, C. E. "Behavioral Self-Control: Power to the Person." *Educational Researcher*, 1972, Vol. 10, pp. 5-8.

Juhasz, Anne McCreary. "A Chain of Sexual Decision Making." *The Family Coordinator*, January, 1975.

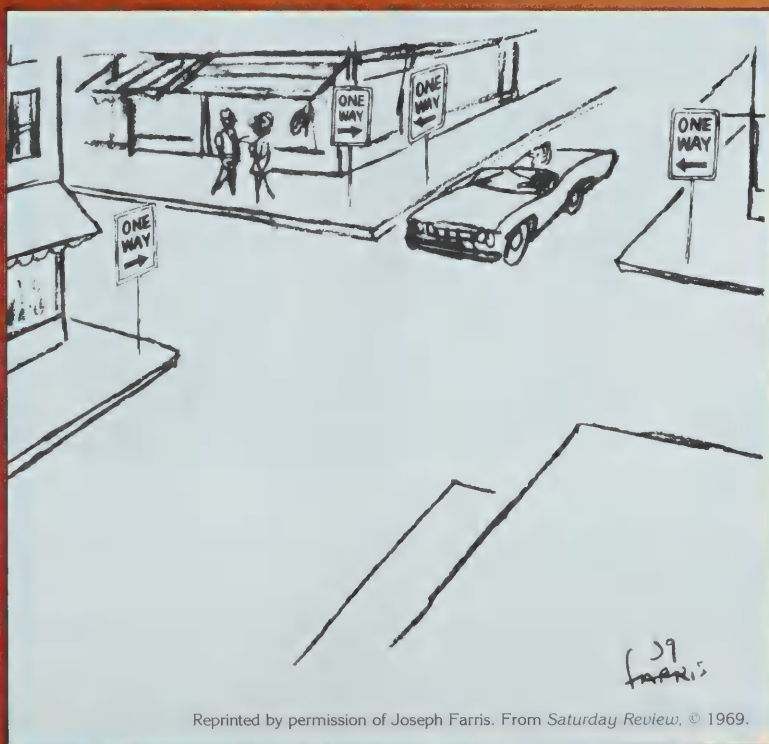
Sandburg, Carl. *Always the Young Strangers*. New York: Harcourt Brace Jovanovich, 1953, p. 304.

Schrag, Peter. "Growing Up on Mechanic Street." *Saturday Review*, March 21, 1970.

Sutton, Horace. "Drugs: Ten Years to Doomsday?" *Saturday Review*, November 14, 1970.

Westlake, Helen Gum. "Adolescents Becoming Adults" *Forum*, Spring/Summer, 1979.

18 Special Needs: Children and Crises



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A crisis is a decisive moment. A crisis is a turning point. A crisis occurs when some person or action or event produces stress and causes change. All forms of abrupt changes are likely to cause crises. Changes in the family may result in crises.

Sources of Crises

A crisis may have its source outside the family itself, such as fire, flood, tornado, or hurricane. It may also have its source within the family such as an unwanted pregnancy, a mental breakdown, a suicide or alcoholism. The event may bring an unexpected change in the composition of the family through the loss or gain of a member, because of death, divorce, illness, or war. Often a crisis is precipitated by some combination of these events.

Relief of Stress

The presence of stress means that some internal difficulty or strain is felt. Family stress is accompanied sometimes by psychological stress. Family demoralization frequently is a sign that stress is present. For stress to be relieved, the present method of family functioning must be changed. For example, roles need to be defined or communication between family members needs to be improved or better understood. Perhaps the family needs to acknowledge the presence of a problem. Often problems are causing stress because they are never allowed to surface. The ways of solving problems and conflicts vary from family to family.

Crisis or Not

A similar event may be a crisis for one family but not for another. There are three variables that help to determine whether an event becomes a crisis for a family. They are: (1) the hardships of the situation or event itself; (2) the resources of the family: its structure, flexibility, and previous history with crises; and (3) the family's view of the event, that is, whether the family treats the event as if it were or as if it were not a threat to the status, goals, and objectives of the family.

While the three variables are closely related to each other, the first focuses on the event or social and physical situation. The second concentrates on past and present family functioning. The third focuses on the psychological reactions of individual members and the family as a group. Some families are known to be crisis-prone. Crisis-prone means that almost any out-of-the-ordinary event causes great stress in the family.

Positive Response to Crisis

Families that can cope with crises seem to have three features in common. These features are involvement, integration, and adaptation. Involvement refers to commitment to and participation in family life by the members of the group. Integration has to do with the interdependence or interchange between the roles in the group. The family members give support to each other and receive support from each other. The third feature, adaptation, refers to the ability of the family group and each of its members to change their responses to one another and the world around them as the situation demands. Another word for adaptation might be flexibility. Family members must be flexible in times of crisis.

Crises are not necessarily bad for the family or its members. A crisis may prompt the family to develop new ways of handling problems, new role definitions, and new insights into themselves and others. Out of a crisis situation, a family may become more insightful, more understanding, and a stronger unit.

Death

Death is a part of life. Death is also crisis-producing because it causes a drastic change in a relationship and in the family. Facing the fact that death is inevitable can make life more meaningful. Confronting the idea of death is one of the most challenging ways to consider the meaning of our activities in life. Are we leading a life that we can look back on with satisfaction?



Fears Associated with Death

There are many thoughts that enter our minds as we confront our own death and the death of others. Some of the thoughts are listed below.

1. Impact on family and friends: What will happen to my family and friends when I am no longer living? How will they face the change either emotionally, socially, or financially?
2. Interruption of goals, dreams, plans: Death, people fear will keep them from achieving their plans, their goals, or their dreams. The last words of Alexander Graham Bell sum up this attitude toward death, "So little done. So much to do."
3. Fear of death of others: How will I live without my parent or my friend or my relative? How will I cope with the pain of their death? Or with their ill health?
4. Fear of not being: The idea that death could come at any moment makes some people worry about the purpose of their lives.
5. Fear of embarrassment: Some people fear that when they have to face death they may find themselves cowards.
6. Fear of suffering and pain: It is difficult to think of one's body or mind deteriorating.

Children and Death

When a child asks, "What is dead?" the simplest sort of factual answer may be all that is needed. "Dead means not to be alive anymore. It's like those flowers that faded; their life was finished." Or, "The body doesn't work anymore when it is dead. It doesn't move, or hear, or breathe, or feel, or even sleep. It just stops. There is no feeling."¹

It is, then, not so much what one says as how he or she says it. The following excerpt elaborates on this problem of helping children cope with and understand death.

When Donna's mother told Donna that her grandmother had died, the little girl showed no sign of emotion. Although she had loved her grandmother dearly and had, until her recent illness, spent a fair amount of time with her, Donna seemed almost unaffected by the news. Awkwardly, as if she were embarrassed, she said, "Grandma was very old,

1. Anna W. Wolf, *Helping Your Child to Understand Death*, Publication of the Child Study Association, 1958, pp. 10–11.

wasn't she?" Then she looked away and said, "Janie is waiting for me outside." And she ran out to play with her friend.

Donna's response to the news that someone she cared for had died was altogether normal. Indeed, Donna's reaction, though not the only kind children are likely to make, was more typical than not, and as a first response, healthy.

Though parents are likely to feel that a lack of expressed feeling on a child's part indicates callousness and uncaringness, this is by no means true. Children are not indifferent to death or uncaring about such a loss. A lack of concern such as Donna's is only apparent, not real, and serves an important purpose. The fact is that death, particularly the death of someone's parent, is very threatening to a child, so threatening that he or she can't take it in all at once. The death of Donna's grandmother—her mother's mother—signified to Donna that mothers can die. What if her own mother, whom she needed more than anyone else in the world, were to die? It's more than likely that the one spoken response Donna made was an effort to quiet her instant fear. "Grandma was very old, wasn't she?" meaning, "My Mommy won't die; she's not old."

Fortunately, Donna's mother wasn't hurt or angered by her daughter's seeming indifference. She understood that the meaning of the event which was so painful to her—the realization that she would never see her mother again—was not yet a reality to her daughter.

Even more than adults, children need time to absorb a grave shock such as this one—time to come to accept it and understand it.

There has been a great deal of research during the past 30 years devoted to understanding the meaning of death and seeking ways to help people cope with loss. Many psychiatrists believe that there are three stages of mourning which need to be lived through if the person is to regain his or her equilibrium after suffering a deep loss. During the first stage the bereaved person gradually absorbs the shock of the loss. This stage is often preceded by a kind of denial of the facts. Donna's blankness, her running out to play, were expressions of denial, of pushing the facts away from her for the time being, and pretending that everything was just the same as always.

More commonly, during this first stage, both adults and children find themselves flooded by feelings of unbelief from time to time. "I can't believe he's gone" or "It's impossible to take it in." By expressing such feelings and talking about them, grieving persons gradually permit the terrible fact to become real to them.

The second stage of mourning is the active, open expression of sorrow, the admission of the loneliness that lies ahead, the acknowledgment that one feels anger and bitterness. Finally, the third stage of



mourning, the beginning of healing and the return to emotional stability, comes when the bereaved person accepts death and the fact that it has touched his or her life closely. He or she thinks about the meaning one can draw from this painful event, the lessons to be learned by those who are still alive. And he or she begins to regain a sense of independent selfhood. For most adults this process may take a year or two. For children, who are more vulnerable to loss, it may take longer.

Most adults instinctively recognize the wisdom of openly facing this kind of hurt, and therefore friends and family members encourage the person most deeply involved to talk about his or her feelings and reminisce about the person who has died. The customs found in all countries which bring friends and relatives to visit with those who are bereaved serve the purpose of preventing the person who has suffered the loss from sidestepping this necessary grief work.

Children who have suffered a loss need even more encouragement than adults to begin the process of mourning. Being more needy emotionally, more threatened by death, they are more likely to try to cover up their sorrow.

If young children have suffered the loss of a parent, in addition to their fear (What will become of us?) they are likely to be overwhelmed by feelings of guilt and anger. To children's way of thinking, bad things can happen to them for bad things they have done. Perhaps in the past they said to their parent, "I hate you. I wish you were dead." Now, superstitiously, they believe this is their punishment for having had such a wish. Beyond this they may feel great anger because their mother or father abandoned them. They are likely to be ashamed of their anger and in turn feel guilty about that, too.

To help children recover from the deep shock of losing a parent or a brother or sister (which tells them that children die, too) they need patient and loving encouragement to enable them to express their feelings, overcome them, and gradually gain the courage to make new attachments.

Children are helped to deal with their feelings by having a model to follow, by seeing how adults whom they trust handle sorrow. This is why they should not be "protected" from all participation in the events following a death in the family. They should be permitted to take part in sorrowful family gatherings, and they should be treated naturally.

Unfortunately, many adults are not prepared to help children handle tragedy. Many aspects of our culture teach us to control ourselves in the face of heartbreak. Lots of men and women believe that to break down and cry or give way to feelings of despair at the time of a tragedy are signs of weakness. On the contrary, the expression of such feelings is necessary to emotional strength.



As the death of a parent is the most terrible loss to a child and the most difficult to overcome, so the death of child is the hardest loss for a parent to sustain. Yet when parents lose a child they must not only cope with their own shock, they must also help their other children express their feelings.

The most comforting thing parents and children can do is to talk together, unhesitatingly referring to the child who has died whenever it's

natural to do so. "Remember how funny Johnny looked when he caught the frog?" or "There's the teacher you and Johnny both had when you were in fourth grade." To try to avoid this painful topic can only keep the pain alive. Talking about the many things one remembers doesn't immediately diminish the sorrow of losing a child, of course, but it does gradually make the loss more bearable.

Sometimes, before children can talk about their feelings, they act them out. A 12-year-old boy whose older brother was killed in an accident became quarrelsome with almost everyone. The patience his parents and teachers showed him at this time helped him cope with his anger at his loss, enabling him gradually to express his feelings more directly, and to talk about them openly.

To prepare children in a general way to accept death as they will one day have to, we need to help them understand the naturalness of death and its simplicity.

Frequently, of course, children learn this important lesson about death in life in a way they can comprehend and accept. This happens when they are able to experience some of the sorrow that death brings without being excessively threatened by it. Typically for children, this happens when a loved pet dies. Youngsters feel keenly the loss of an animal companion. But however sad they feel they know their security, safety, and well-being are not threatened by such a loss. So they pay their pet tribute, then talk about it. They say sadly that they'll never be able to love another dog or cat or rabbit again. And then after a while they succumb to the charms of another puppy or kitten or rabbit. They are able to love and take care of a pet again, to invest their emotions again in a mortal creature.²

If children sense that their questions do not trouble you too much, they will know it is all right to think and talk about death. For it is a matter of such prime importance that children's genuine searching deserves encouragement. Moreover, children will gain much strength from the realization that the subject of death can be talked about without fear.

As children grow older, they learn that both life and death raise questions that, though impossible to answer completely, are definitely worth asking. If children are to be one of our greatest hopes, they must be made to feel comfortable, emotionally and intellectually, about their changing lives. They must learn to accept the responsibilities for their own actions and they must have a keen sense of reverence for life and for death.

2. Adapted from Mildred Crowl Martin, "Helping Children Cope with Sorrow," from *Parents Magazine*, August 1970, pp. 42-43, 61. Copyright © 1970 Parents Magazine Enterprises. Reprinted from *Parents* by permission.

Concepts of Death at Age 5–6 Years

The young child begins with a matter-of-fact orientation to death. The child believes that death is deliberate and planned. Death is not viewed as an inevitable occurrence. The young child assumes that death will not occur if he or she is good. The child sees himself or herself as all powerful. For this reason, the child may believe that he or she is responsible for the death of a loved one. Because of their natural self-centered focus and limited understanding of cause and effect relationships, young children of 5 or 6 years of age do not clearly comprehend the finality of death.

“What makes people die?” asks the young child. It is important to find out why the child has asked this question. An effective response is to give a simple physical reason for the particular death, explaining that we do not yet know how to cure some diseases or fix some accidents. If the child expresses guilt feelings about the death, adults should help the child develop a new set of perceptions by discussing the positive aspects of the relationship. The child needs to be told that the deceased loved him or her, but that the deceased cannot come back to life.

There are three explanations of death that should be avoided at this level. (1) It is natural to parallel death with sleep, but unless the difference is very carefully explained some children may develop an unhealthy fear of bedtime. (2) The comparison of death with sickness might intensify children’s fears when they or a loved one becomes ill. (3) Explaining death in relation to God’s wanting good people in heaven may cause children to develop fear and resentment toward a God who robbed them of a loved person, and children may feel that because they and others are good, they will also be “taken to heaven.”³

Concepts of Death at Age 7–9 Years

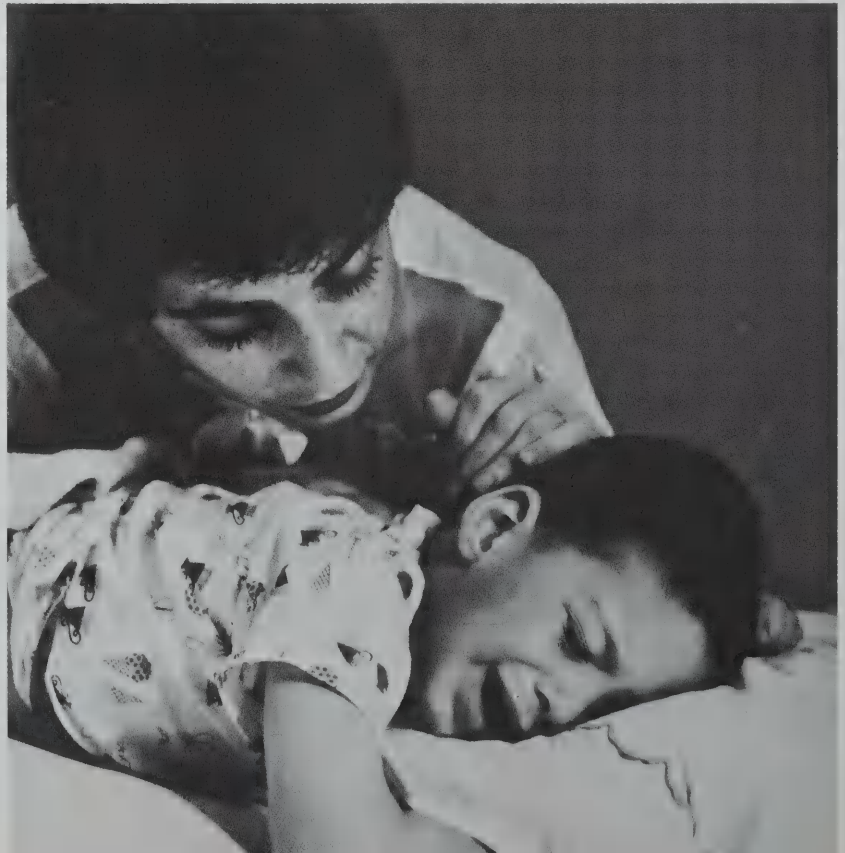
Young school children are aware that death is the common finality for all living things. They associate death with the disintegration of the body. Many children up to age ten visualize death in various forms, that is, as a bogeyman, a skeleton, or a ghost. To children of this age, death still seems to occur mostly to the old, but they are beginning to sense that it can occur to adults like their parents and possibly even to children like themselves.

3. Grollman, Earl, *Explaining Death to Children* (Boston: Beacon Press, 1967), p. 11–12.

Many children of elementary school age who suffer a loss do not show their grief verbally but display their feeling in other ways. Since school is their natural habitat outside home, the school situation becomes a main focus for such displacement. Many bereaved children cannot concentrate on their school work and have no desire to play with friends.

It is important for children to realize that weeping is not a sign of immaturity or weakness. Adults can assist children to understand that sorrow and tears are not for the person who has died but because the departed one will be missed so much. During periods of grief, the adult may provide clay, crayons, or fingerpaints with which the child may express his or her feelings. The 7- to 9-year-old still has a limited vocabulary and may better relieve the intense feelings through play.

If a child tells the teacher that a significant person has died, the teacher may ask that the child tell about the happy and not-so-happy times that they had together. Adults can help a child realize that no two people can always have happy times together and that the angry feelings do not lessen the love and strength of the relationship.



DENNIS the MENACE



“IF HEAVEN IS THAT PRETTY ON THE BOTTOM, THINK HOW IT MUST LOOK ON TOP!”

DENNIS THE MENACE[®] cartoon used by permission of and [©] by Field Enterprises Inc.

Concepts of Death at Age 10–12 Years

Most ten-year-olds understand that death is a final and inevitable outcome of life. Children, 10 to 12 years old, are equipped with the intellectual tools necessary to understand both life and death in a logical manner. They now have an understanding of the concepts of time, space, quantity, and causality. As a part of normal intellectual and emotional growth, children begin to fantasize an alternative to death, a hereafter. This allows youngsters to believe that their newly developed individuality will continue to exist.⁴

4. Eassen, William, *The Dying Child—The Management of the Child or Adolescent Who Is Dying* (Springfield, Ill.: Charles E. Thomas, 1970), pp. 43, 104.

Death of a Child

“Doctor, doctor, will I die?
Yes, my child, and so will I.”
Anonymous

It seems tragic for children to lose their parents or other loved ones through death. However, the death of a child, to many people, seems to be even more tragic. Tragic because the child has been robbed of his or her opportunity to experience a full life span. But children do die, and this is a fact of life.

Many people try to keep terminally ill children ignorant of their condition. These youngsters often sense the concerns of adults and feel that questions about their illnesses are not permitted. Some children who are terminally ill are not old enough or mature enough to understand or to cope with information about their situation. However, some children are very curious. They have questions and concerns. Some children benefit by having their questions answered and their concerns shared. It is not uncommon to find out after the death of a child that he or she knew that the illness was serious but did not want to question or comment because of the fear of upsetting his or her family.

CASE STUDY

The parents of twelve-year-old Billy knew that he had leukemia. They asked the doctor to withhold the facts from the child. The doctor agreed. The parents told friends and relatives that their son had anemia. Billy's questions, except for those which related to his illness, were answered.

After a while Billy did not ask questions about his health. As he came closer to death the seriousness of his condition was still kept secret. Both of his parents and the doctor felt that Billy would suffer needlessly if he knew how little time he had to live. Billy asked no questions. He kept all of his conversations cheerful.

After Billy's death, his close school friend said that he knew what had been wrong with Billy. Billy had told him but had made him promise to tell no one. The doctor and the parents then realized that because they had not been willing to discuss the truth with Billy, they had forced him to die very much alone.

Some children are often unable to put their understanding of death into words. Elisabeth Kübler-Ross, psychiatrist and world-renowned authority on death and dying, suggests that these children can often express their feelings through art. When a child is given crayons and paper, he or she often draws a picture of a huge tank, a huge cannon, or a large fire. These objects signify death, the destructive and unstoppable force that the child feels. The child also draws a stick figure of a child holding a stop sign or a white flag signifying a fruitless attempt to halt the force. If the child's counselor wants to share in this nonverbal concern, he or she may draw a similar picture, but add a large stick figure standing next to the small stick figure with a hand on the small figure's shoulder. This picture would say to the child, "I cannot stop death, but I can be here with you to comfort you." Dr. Ross says that after several such drawing sessions, the child



often draws a large bird. This is a bird of peace flying away from the destructive scene. The child is expressing acceptance of the inevitability of his or her death.⁵

A different kind of indirect communication came from a fatally ill eight-year-old who was in an oxygen tent. She had not spoken of illness or death to anyone.



5. From a speech by Dr. Elisabeth Kübler-Ross at the Illinois Council on Family Relations, March 1975.

She asked a nurse, "What happens if my oxygen tent catches on fire?"

The nurse replied, "It won't. We don't allow anybody to smoke in here." The nurse's reply was understandable, but she recognized as she gave it that the child was reaching out for help and support.

So, she sat down beside the child's bed and said, "What do you really want to ask about a fire?" The child cried, "I just know I am going to die and I've just got to talk to someone about it."

The fatally ill child continuously searches for verbal as well as non-verbal clues that can help him or her to cope with isolation. He or she listens for changes in tones of voices, sounds of footsteps, and parents' expressions.

The fatally ill child's first feelings may be those of isolation and loneliness. The concept of death is synonymous with separation. For this reason parents of fatally ill children should be allowed to be with them as much as possible. In this way the child is comforted and the parents can face the serious illness of their child.⁶

When a child is terminally ill the emotional strain on the family is great. The family goes through the same five stages that a dying adult does—denial, anger, bargaining, depression and grief, and acceptance.

The five stages just referred to are the "stages of dying" expressed and described in detail by Dr. Ross in her book, *On Death and Dying*.

1. **Denial.** "No, not me." This is the typical first reaction when a person learns of terminal illness. Denial helps to cushion the impact of the patient's awareness that death is inevitable.
2. **Anger—rage.** "Why me?" The patient resents the fact that he or she must die while others live healthy lives.
3. **Bargaining.** "Yes, me, but . . ." Maybe a cure will be developed next week, maybe the tests are incorrect, maybe if I do something a miracle will happen.
4. **Depression.** "Yes, me." The person mourns past losses, things not done, wrongs committed. But then he or she enters a state of "preparatory grief," getting ready for the arrival of death.
5. **Acceptance.** "My time is very close now and it's all right."⁷

6. *Ibid.*

7. Elisabeth Kübler-Ross, M.D. *On Death and Dying*. New York: Macmillan Publishing Co., Inc., 1969.

Divorce—Children

Divorce is very challenging to children. There are three general phases of divorce. They are pre-divorce, divorce, and post-divorce.

The pre-divorce phase starts when incompatibility, unfaithfulness, or other causes become evident. This is the period of suspicious watchfulness, of waiting to see if the problem will be resolved and to determine if the marriage is still viable.

Parents often try during the pre-divorce period to keep children ignorant of the problem. Their wish to protect children from unneeded worry and apprehension is commendable if they are actively seeking solutions to their differences. If both partners really want the marriage to work, a marriage can be saved in the pre-divorce phase. However, sometimes one partner wants the marriage to be saved while the other would just as soon see it dissolved. When this is the case, children should be kept somewhat aware of the problems so that they are not totally surprised and shocked by the divorce.

Even though they do not remain husband and wife, they remain the children's parents. Many spouses admit to great relief when the decision to divorce is finally made and the process is set in motion. Others wanting reconciliation, but feeling that the decision to divorce is final, feel hopeless and may become severely depressed. This case is particularly trying for both parent and child. Whatever they have been told, children feel the tension in the home at such times and react to it as to any other negative response.

During this time, children take their cues from the attitudes of both parents, not only the one with whom they happen to be living. If this phase becomes a time for intrusions and squabbles over child custody, the child's welfare and development are hampered. If parents never cooperated before in rearing their children, they should start trying.

The quality of the post-divorce period for children again depends mainly upon the quality of the parents' attitudes, personalities, activities, friendships, and financial conditions. The parent who affects the child the most is the parent with whom the child is living. The post-divorce time is the time of greatest loneliness and anxiety. Lonely, for one is actually alone now, having been with someone for many years. Anxious, because the acute anger and suffering of the pre-divorce period and the divorce period are over. This is it. It's all over. There's nothing left to get excited about. One feels abused, abandoned, empty.

The parent with whom the children reside will be the focus of their interest. Often the children's moods, attitudes, and feelings will reflect those of the parent.



The parent who does not live with the children should provide financially for them, if he or she is required to do so. This parent must also be emotionally supportive of the children to avoid letting them feel that he or she is rejecting them. He or she needs to know that a disparaging attitude will hurt the children far more than it will hurt his or her former spouse.

This is not a one-way street. What applies to the father applies to the mother as well. Whatever love any of us have for our own parents should not be tampered with. There's little enough love around as it is.

Child Abuse

The National Center for the Prevention and Treatment of Child Abuse and Neglect records about 300 cases of physical child abuse per million population each year. Violent abuse and neglect are the largest causes of death among U.S. children. Such abuse and neglect of children occurs in different ways.

Some children are physically battered. Many of them suffer permanent injury, such as brain damage or paralysis. Some children may even die. Not only physical battering damages children. Children can also be battered by words. Maltreated children are ones who are life- and love-starved, ones without self-esteem and feelings of being wanted.

Adults who continually criticize, demean, reject, or ignore a child inflict an especially destructive kind of hurt. Child abusers are often adults who were themselves abused. Thus child abuse is a self-perpetuating problem. It is also a training ground for general violence. The real causes of child abuse are the stresses of society, the increased drug addiction and alcoholism, unemployment, lack of health care, lack of housing.

Many studies have been made to determine the causes of child abuse. There seem to be three main factors that turn adults into child abusers. The first is the way the adult was reared. Adults who were abused themselves are usually ones whose basic dependency needs were unmet or glossed over. With no "mother or father" role model to imprint, they were inadequately prepared. In general, these adults have severe emotional problems. Some of these child abusers have temporarily or permanently lost contact with reality. The second is that the child is perceived by the adult to be different. This may be because the child does not respond in the expected manner. For example, placing unrealistic expectations on a newborn is one danger signal. Potential abusers may expect a child to love them, care about them, be all theirs, make them proud. The newborn is incapable of loving or caring. He or she must take and take and can give only satisfaction to the adult in meeting the child's needs. Approximately one-third of all types of child abuse affect babies under one year of age. If the adult has unrealistic expectations, conscious or unconscious resentments grow. The last factor is a crisis situation which sets the abuse in motion. Crisis situations are hard to pinpoint because individuals' stress levels vary. Spilt milk may not be noticed one day but may be a crisis the next day. Or, a situation may be considered a crisis in one household, but may go completely unnoticed in another household.

Today physicians are required to report any suspected cases of child abuse to government authorities. Also, state welfare agencies have experts who investigate such cases and counsel family members. Other

organizations, such as Parents Anonymous, help parents deal with their frustrations associated with child-rearing or with any personal problems that they have which may lead to child abuse. In severe cases of child abuse, a child may be temporarily put in the custody of a child-protection agency and then placed in a foster home. Child protection agencies, however, prefer to maintain the child's family unit. When his or her family situation has improved, the child is reunited with his or her family.

Children and Drugs

When the drug problem exploded during the sixties, many people thought it was a problem for a rather small group of "disturbed" college students, and that for the other few it was a fad, a transient fascination. Drugs were something new, to be tested and tried. But drugs caught on and spread through colleges, from youths who may have been disturbed or grossly alienated to those who were, by our standards, normal, sociable, well-adjusted and, in short, mentally healthy. From colleges, drugs seeped into high schools, and from high schools into elementary schools.

The impact of drugs is staggering. It has affected the international economy. It has affected children of political leaders and millionaire businessmen as well as children from the lowest income families.

In recent years we as citizens, whether we are involved in government, medicine, law, education, or full-time parenthood, have realized the impact and pervasiveness of drugs. We are witnessing the invasion of drugs in our institutions and every aspect of life. Parents who gave their children everything, including love and understanding, were surprised when they discovered their youngsters taking pills out of the medicine chest, and worse yet, experimenting with hard drugs, such as heroin.

But when we think of it, none of us should be taken by surprise for, in one sense, our culture has been drug-oriented for several decades. People take amphetamines to control weight. They take tranquilizers to soothe the nerves. They take sleeping pills at night and pep pills in the morning. From youths' vantage point, the message that is conveyed is that it is acceptable to chemically change one's condition.

For the young, the drug experience is likely to be an ego-forming experience. In talking to the young marijuana user, one cannot help but be struck with how strongly the imagery of that experience influences ideas of the good and the desirable, how quickly it becomes the standard of happiness, how effectively it impoverishes the rewards and rewarding experiences that the larger society offers.

Drug use has been with us for a long time. Currently, however, the



use and abuse of drugs has affected a different population. The new users appear to be from social backgrounds that are substantially middle class or higher. They tend to come from home environments culturally rich, sophisticated, and socially concerned. They are often young people with the kind of endowment that enables them to ask hard questions of a society. These young people could be the generative force for positive social action.

The reasons for drug experimentation are varied. Some young people are pressured by peers into experimenting with drugs. Other young people learn by example from parents or other adults. Some adolescents want to escape from inner turmoil or emotional problems. Yet others are simply bored or just curious. The causes of drug abuse, however, are not understood.

Drugs can create the illusion of intense and immediate experience that is almost totally and safely referential to the self and not to the world. The great danger is that young drug users will lose a sense of their real capacity for experience and that they will abandon claims for an influential role in the society. They may face a future that is a progressive drift toward a totally isolated existence.

The drug problem is a practical one that demands practical solutions. More theoretical solutions, such as honest communication between youths and adults, are important, but the problem must also be dealt with in concrete terms. Rehabilitation and treatment of drug users, and public education on the dangers involved are such approaches.

QUESTIONS

1. Discuss a crisis that troubled one person and did not faze another person. How are the people different?
2. How can stress in the family be relieved?
3. Describe the stages of the mourning process.
4. How can a child be helped to cope with and understand death?
5. What might this nursery prayer lead small children to think?

Before I lay me down to sleep,
I give the Lord my soul to keep.
And if I die before I wake,
I pray the Lord my soul to take.

6. Look up death in *Bartlett's Familiar Quotations*. Select 5 quotations that are most meaningful to you. Write out the quotations and discuss why you made the selections.
7. What are your main fears associated with death?
8. How does divorce affect a child's life-style?

OTHER READING

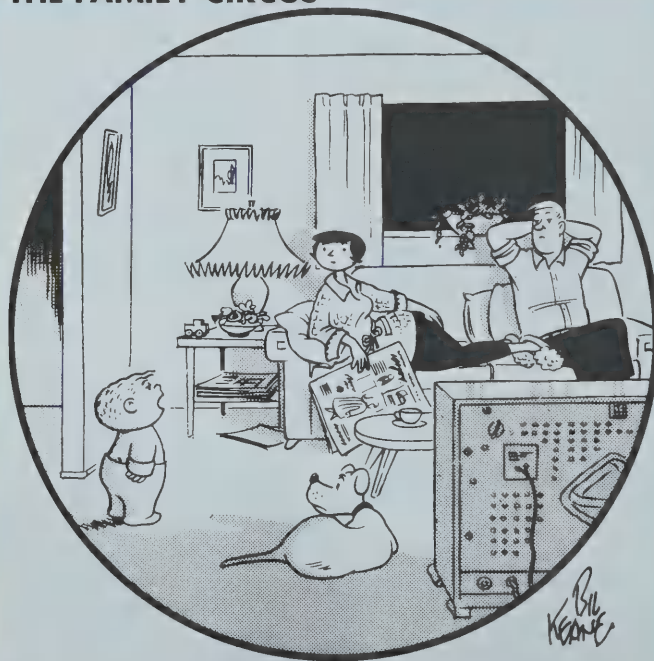
- Anthony, Susan. *The Discovery of Death in Childhood and After*. New York: Basic Books, 1972.
- Despert, J. Louise. *Children of Divorce*. New York: Dolphin Books, Doubleday & Co., 1962.
- DeRosis, Helen. *Parent Power—Child Power*. New York: The Bobbs-Merrill Co., Inc., 1974.
- Glasser, Paul H., and Glasser, E. Lois. *Families in Crisis*. New York: Harper & Row, 1970.
- Eassen, William. *The Dying Child: The Management of the Child or Adolescent Who Is Dying*. Springfield, IL: Charles C. Thomas, 1970.
- Fassler, Joan. *My Grandpa Died Today*. New York: Behavioral Publications, Inc., 1971.
- Grollman, Earl. *Explaining Death to Children*. Boston: Beacon Press, 1967.
- Martin, Mildred Crowl. "Helping Children Cope with Sorrow," *Parent's Magazine*, August 1970.
- Stanford, Give, and Perry, Deborah. *Death out of the Closet*. New York: Bantam Books, 1976.
- Reed, Elizabeth Liggett. *Helping Children with the Mystery of Death*. Nashville: Abington Press, 1970.
- Ross, Elizabeth Kübler. *On Death and Dying*. New York: Macmillan Publishing Co., 1969.
- Stein, Sara Bonnett. *About Dying: An Open Book for Parents and Children Together*. New York: Walk & Co., 1974.
- Sutton, Horace. "Drugs: Ten Years to Doomsday?" *Saturday Review*, November 14, 1970.

Wolf, Anna W. M. *Helping Your Child Understand Death*. New York: The Child Study Association of America, 1958.

Wolman, B. *Children's Fears*. New York: Grosset & Dunlap, 1978.

19 Special Needs: Sex Education

THE FAMILY CIRCUS



"I don't feel so good. I think I need a hug."

THE FAMILY CIRCUS by Bill Keane, reprinted
courtesy of The Register and Tribune Syndicate, Inc.

Parents are children's first and most lasting educators. Education in family living begins at birth. The way children are held, fed, spoken to, bathed, and changed gives them their earliest clues as to how people interact. It is not surprising, then, that children's parents are their first source of knowledge about interpersonal relationships. As children mature, the peer group, church, school, and mass media also influence their views. Their parents, however, remain their most enduring educators in family living.

Education in family living continues throughout life. Adults, as well as children, are constantly gaining new insights.

Sex education is part of family living. Children learn about sexuality gradually. They learn from everyday experiences. Those children who feel secure with themselves, their home life, and peer group will likely develop healthy attitudes toward sex.

It is important to the long-term relationship of parent and child that lines of communication be kept open. Children need to ask questions. If they feel that their questions cannot be answered openly, they will avoid asking them. Children can sense adults' emotional reactions. Parents who show uneasiness or embarrassment in response to questions will find that their child asks fewer and fewer questions. Parents who are receptive to what the child is asking, and who answer simply and honestly, are likely to receive more questions in the future.

Attitude toward Sex

The attitudes children acquire about their bodies during infancy and early childhood are responsible in part for their future attitudes toward sex. If parents scold or shame the child for wetting or soiling himself or herself in infancy, he or she may develop an unhealthy attitude. If parents treat the organs of excretion as dirty and shameful, the child is likely to view those areas of his or her body similarly.

During their early development, children discover their fingers, toes, and genitals. Although they get pleasure in playing with the latter, parents need not be upset. Rather, they should try to interest the child in some other activity. A child is not damaged by playing with his or her sex organs. It is a natural, normal behavior. However, when a child persists in doing so, the parents should look for reasons for the behavior. Possibly the child feels lonely or unloved. Possibly he or she simply does not have enough interesting material with which to play.

All children are likely to be curious about the bodies of others, particularly those of the opposite sex. When a parent finds children of the

late preschool or the primary school period exploring each other's bodies, he or she should not be upset. Parents should treat such an incident in a matter-of-fact way. They should try to satisfy children's curiosity by giving them information. At the same time, they should tell them that privacy and modesty are acceptable, but sex experimentation with other children is not.

Parents' attitudes toward sex have a major impact on the child's sex education. If the parents consider sex as shameful and dirty, the child is likely to absorb these attitudes in a subtle way. If parents are embarrassed about discussing sex, children soon learn that it is a forbidden subject. This may be the reason why many children do not ask questions about sex. Certainly the average child acquires some information or misinformation about sex from other children. Many parents forget that this informal sex education by peers begins in the middle of the preschool period.



"I had it figured out long ago. The stork has too short a wingspread to carry a six- to- ten-pound load."

It is important that parents impart sex information before the child acquires information from others. Sex information needs to be taught as honestly as possible. Usually, it is taught with only partial honesty. Most people seem to survive such unsatisfactory teaching fairly well, as long as they are secure individuals. People who feel secure and worthwhile can cope with the occasional awkwardness of sexuality. People who feel insecure may find that their first fumble may freeze up their progress for a long time.

If parents are going to answer a child's questions about sex, it is important that they have worked over their own feelings about sex so that they can discuss the subject with sensitivity. Second, they need to know, not only the facts, but also how to present them. If children do not ask questions about sex it may mean that they sense their parents' embarrassment with the subject. Information can be given to them in an informal manner. An approach used by some parents is, "I used to think that doctors brought babies in their black bags. What did you used to think?"

When discussing sex with children, a parent should not overwhelm them with information. He or she should tell them what they want to know in terms that they can understand. By letting children's curiosity be a guide, a parent can judge how much information is necessary to impart. By realizing that children's thought processes are not the same as adults', the parent can be careful to provide information that matches their level of mental development. Quite often children manage to twist the information they have received into their own amazing versions of creation. Their explanation of reproduction can be quite humorous and fanciful. To determine whether misunderstandings exist, a parent should ask children questions about reproduction after they have had enough time to process the information they have received.

In answer to children's questions as to where babies come from the parents may want to explain that the baby grows in a special place in the mother. This place is called the womb or uterus. It is near the stomach but not in the stomach. The place is comfortable and warm and protects the baby until he or she is big enough to be born. Talking about the birds, the bees, and the flowers may confuse children. This study is of interest to them later, but not in answer to the question concerning where babies come from.

Preschool children are likely to ask how the baby gets out. All they need to know is a simple straightforward answer—that there is a special passage called the vagina, which stretches so that the baby comes out between the mother's legs. The child needs to know that this passageway is different from the openings for the bowel movement and for urine. It may be necessary to explain that people do not usually display these

parts. This can be carried out as a part of teaching modesty. However, parents should not imply that there is anything shameful about this part of the body.

Preschool children may want to know how a baby gets started. A simple explanation that a cell from the father's body joins a cell from the mother's body and from this the baby starts to grow may satisfy them.

If children feel free to ask questions, they will eventually ask, "How did the tiny cell from the father get into the mother?" Many parents find this difficult to answer. Young children ask out of simple curiosity. They have no great feelings about sexual union. It may be enough to say, "The father's penis, which contains the sperm cells, fits in the mother's vagina. A special fluid called semen carries the sperm cell until it meets the special cell inside the body of the mother." It is usually necessary to tell the child that semen is something quite different from urine.

Preschool children are likely to ask why they differ from their brother or sister. They can be told that boys have a penis because they may be fathers and girls have a vagina because they may be mothers when they grow up.

There is no cut-and-dried technique for childrearing or for giving specific sex information. Each parent is different and every situation is different. The ideas presented here can be adapted by parents to fit their needs and those of their children.

The following overview of the general characteristics of children may help parents in coping effectively with the concerns of each age group.

Lower Elementary, Grades K–2

Children in the primary grades are reaching out to find a place among their peers and elders. As they venture out among their peers, they learn more about how people work and play together. They learn how to share and how to be polite. They see that people, families, and animals vary in many ways and they begin to develop attitudes about these differences. Their own family may be changing with the addition of a new baby, which requires them to make adjustments.

Early elementary children need steady assurances of love and security from their parents. They need to feel comfortable as they go out into the world. They also need to know that they can return to the safety of home. They need guidance from adults to help them understand what behavior is appropriate.

Children need help in the control and direction of their drives. They look to adults for this help. Often at this time they realize that some of their



drives conflict with those of others. Some families do not adequately discipline their children. The children then become spoiled and are unable to control their behavior to fit the needs of others. Children who have never come into conflict with the rights of others will be unprepared for life's conflicts. Children who do not obey certain routines in daily life will also be unprepared. For example, children who eat when and what they wish, who go to bed only when they like, and who do not know how to concentrate will probably have conflicts with others.

Upper Elementary, Grades 3–5

Children in the upper elementary grades are strongly attached to friends of the same age. They may have a best friend and be strongly influenced by their peers. They are becoming increasingly aware of themselves and their roles as maturing individuals. They seek role models, both peer and adult, with whom they can identify and pattern themselves.

Children need to understand how to maintain their individuality in a group. They need guided practice in making minor decisions and guidance to carry through their ideas and plans. They may also need help as they try to make adjustments within themselves.

At this time children should learn about the physical changes which they will soon experience. Their questions should be answered frankly and honestly. As they become aware of their changing bodies, they require privacy and dignity.

Junior High, Grades 6–8

Junior high youngsters strongly identify with members of their own sex, but they are also increasingly aware of the opposite sex. Their feelings of identification lead them to accept group standards of dress, behavior, and attitudes. Their emotions are likely to be strong and variable. They may be ecstatic one moment and deep in gloom the next.

It is important for them to understand the many ways in which they are maturing. They should understand that they are maturing both physically and emotionally. They should also know that growing up is an ongoing process. At times it may involve returning to childish ways, in addition to becoming more and more adult. It is important that they feel secure fluctuating between roles of childhood and adulthood as they mature.

Senior High, Grades 9–12

High school students are striving toward independence. They need encouragement to succeed. Adults can help adolescents prove themselves by seeing that they make increasingly important decisions for themselves and that they understand the outcomes of their decisions.

Young people at this age should also be able to act less mature at times, without being chided for it. They are actively seeking freedom with responsibility, but they must realize that they are not quite ready to accept it completely.

During the high school years, young people are deeply concerned with understanding themselves and planning their future. They need to learn about the options open to them after graduation—vocation, school, and/or marriage—so that they can make satisfying choices for themselves.

Six Stages of Understanding¹

Current research indicates that children have six stages or levels of understanding sex and reproduction. These levels of understanding reflect differences in children's problem-solving abilities. They can also be correlated with Piaget's stages of intellectual development.

To determine children's levels of understanding, a parent can ask them questions to elicit their beliefs. Some questions that can be asked are: How do people get babies? How do mommies get to be mommies?

Level-one children believe that babies have always existed. They also believe that all the people they know have always existed. Level-two children, on the other hand, believe that babies have not always existed, that they had to be made. They view making a baby, however, in terms of manufacturing. They believe that babies can be built just like dolls, cars, or houses can be built.

Level-three children know the major aspects of reproduction. However, they have difficulty putting the concepts into a coherent framework. Often they take adults' explanations quite literally. For example, they may think that the father actually plants the seed like one would plant a flower. At the end of this stage, children are beginning to recognize some of the weakness in their explanations.

Level-four children know the physical facts of life, but they do not understand why genetic material must join for conception to occur. For example, they may believe that the sperm exists to provide an escort service for the egg. In general, they know the facts, but the reasons for the facts are beyond their level of understanding.

Some level-five children attempt to explain why the egg and sperm unite, but many believe that one of the germ cells actually contains the whole baby, in miniature form, who simply grows to full size in the uterus. These children can explain sexual intercourse, but have difficulty defining fertilization. Level-five children, about eleven to twelve years old, tend to be embarrassed about discussing sexual behavior.

1. Adapted from "How Children Learn about Sex and Birth" by Anne Bernstein. Reprinted from *Psychology Today* Magazine, January 1976. Copyright © 1976 Ziff Davis Publishing Company. Used by permission.

Level-six children have a clear understanding of reproduction. They understand why the genetic material must unite for a baby to develop. They can explain the process of reproduction in a coherent and logical way. Children at this level also understand the moral and social aspects of sexual behavior. They know that one does not have to be married to have a baby.

When explaining sex and reproduction to children, the adult should provide information that the child can understand. Generally children are able to understand explanations of sex in terms that are one level beyond their present level of understanding. For instance, a level-two child may be told, "Making a real live baby is different from making a doll, a car, or a teddy bear. Parents make babies from special cells, tiny things, in their bodies." The child will process this information and eventually restructure his or her understandings when the new information does not fit into his or her old view of the world.

The Importance of Family-Life and Sex Education ---

Human beings have no built-in knowledge of how to solve the problems of family living. This knowledge must be acquired. Family-life education provides training in human relationships to help people cope with such problems.

Family-life education has sometimes been viewed as sex education. Unfortunately the term "sex education" has meant to many people "reproduction education," consisting of teaching the physical aspects and facts of sex in order to prevent unnecessary anxieties, unwanted pregnancies, and venereal disease. Children and adolescents are certainly entitled to information about their bodies and their functioning. However, this type of preventive education is not enough. Sexuality involves all aspects of the individual, not merely the physiological. Sex behavior involves the individual's psychological as well as physical needs. Also, knowing the physical facts does not in itself lead to responsible sex behavior. Responsible sex behavior is the result of much wider knowledge. This knowledge includes the psychological and sociological effects of sex. It encompasses values, feelings, and attitudes.

Family-life education has three main purposes. One purpose is to develop emotionally stable children and adolescents who can make decisions about their conduct without being carried away by their emotions. Another purpose is to provide sound knowledge not only of the physical aspects of sex behavior, but also about the psychological aspects. A third purpose is to develop attitudes and standards that will ensure responsible sex behavior in young people and adults.



Family-life education is basically training in human relationships. Teachers, peers, religious leaders, and community leaders play an important role in developing standards of family living. Parents, however, are the major educators in this field. More important than any influence on children is the continuous experience of being part of a family. A wife's relationship to her husband and his to her, their attitudes toward their children, and their conduct with friends and other relatives all serve to teach a growing child about human relationships. No single event or person is responsible for shaping a child's character and personality. Parents often worry too much about the dire effects of a bad experience on a child, but one or two bad experiences will not necessarily affect a child negatively. They may, in fact, be constructive. The persistence of such experiences over a long period of time is cause for worry. It is, in fact, the recurrence of similar experiences, be they good or bad, that has a great influence on a child's feelings about himself or herself and about others.

As part of a family a child learns about members of his or her own sex, of the opposite sex, and of the interaction between the two. Parents who trust and respect each other, who show that they value and hold equal the complementary roles of husband and wife, are worthy models for their children, who will in turn have a good feeling about their future as adults.

The home is a kind of school in which the parents teach their children many lessons simply by being themselves. This is why knowledge of self and perception about oneself is so important, for in order to understand a child's needs or his or her likes and dislikes, one must understand his or her own. In order for parents to achieve their goal of raising independent but socialized children who will accept and respect others rather than leading a life of individual isolation, they need to be sensitive to their own deepest feelings for it is these feelings that determine the quality of their actions, which in turn teach children the most lasting lessons of life.

QUESTIONS

1. Why are parents the major family-life teachers?
2. How are children's attitudes toward sex developed?
3. What is basic to a healthy attitude toward sex?
4. What are the main purposes of family-life education?

5. How would you answer children's questions about sex?
6. "It is really not so much what one says as how he or she says it." How does this statement relate to sex education?
7. Give some examples of good and bad sex education.

OTHER READING

Bernstein, Anne C. "Six Stages of Understanding How Children Learn about Sex and Birth." *Psychology Today*, January, 1976.

Driver, Helen, ed. *Sex Guidance for Your Child: A Parent Handbook*. Madison, WI: Monona-Driver Book Company, 1960.

Suchs Dorf, Adie, ed. *What to Tell Your Children about Sex*. New York: The Child Study Association of America.

20 Special Needs: Agencies Working for Children

DENNIS the MENACE



'WHY ARE CATS AN' DOGS SO **EASY** TO
UNNERSTAND...AN' PEOPLE SO **HARD**?'

DENNIS THE MENACE® cartoon used by
permission of and © by Field Enterprises Inc.

When we marry, we marry with great expectations. We hope that our love will grow, that our health will continue, that we will be able to handle our problems. We expect to be financially independent, to be happy, to have many friends, to be able to solve our problems together. Yes, we all have great hopes as we start out on the adventures of married life.

When we embark on the adventure of parenthood, we also picture in our mind an ideal situation. We hope for a healthy, happy, normal child. We also see ourselves as very successful in our parenting role. How often we think, "When I'm a parent, I'll do such and such . . . I'll be a really super parent." These expectations we all hope will come true.

What do we do when our hopes and dreams do not materialize? What do we do if our baby is not what we had expected? What if our baby is deaf, blind, physically or mentally handicapped? What do we do if we find that we must support a child and ourselves without help from our family or a partner? What do we do if we face housing problems?

The loneliness, the disappointment, and the frustration when our hopes and dreams are crushed are difficult to consider. In times of stress families can become very troubled. These troubles can begin to increase and cause additional trouble.

Sometimes, families cannot solve their own problems. Families with problems should not feel alone. There are agencies, both state and federal, that can help them with their troubles. There are also local support groups which provide assistance. By seeking the proper agency, council, counselor, or service, families can come to grips with their problems.

Families should not feel ashamed to seek help nor should they expect to be able to find solutions to all their problems from within themselves. Most people would not expect to grind their own lenses for their glasses nor would they expect to fix a broken refrigerator or range. People often seek help with their problems. A difficult family problem, like any other problem, may be solved with some outside help that provides valuable insights and fresh perspectives.

Where to Find Help

Your first source of help is your public library. In the library, you will find reference books that provide information about agencies, their objectives, addresses, telephone numbers, and fees.

One reference book you might look at is the *Medical and Health Directory*. This is a guide to professional and nonprofit organizations, government agencies, educational institutions, health-care delivery agencies, grant-award sources, journals, newsletters, etc.

Another guide to organizations is the *United States Government Manual*. This reference book, published each year, describes the purposes and programs of most government agencies and lists key officials. Some of the agencies and departments that deal with problems of children and youth are:

- Action (Administrations for Children, Youth and Families)
- Employment and Training Administrations
- Food and Nutrition Service
- Farmer's Home Administration
- Health Services Administration
- National Institute of Health
- Office of Child Support Enforcement
- Office of Human Development Services
- Office of Juvenile Justice and Delinquency Prevention

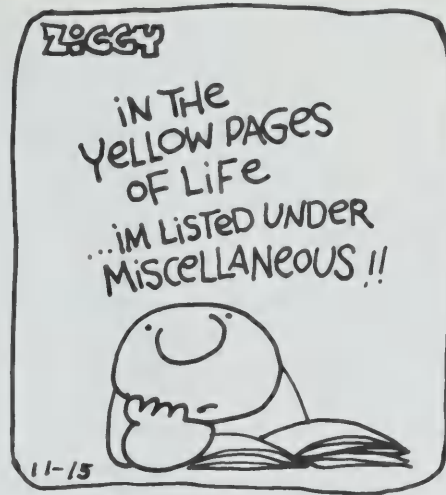
The *Encyclopedia of Associations* also provides detailed descriptions of over 13,000 national and international nonprofit organizations. The *Encyclopedia* is useful because it refers people who need information to highly qualified sources. By making a phone call or sending a letter to the appropriate organization, a person can usually obtain the information he or she needs.

The *Encyclopedia* contains information on social welfare, health and medical, public affairs, and religious organizations, among others. Listed under social welfare organizations, for example, are agencies concerned with adoption, foster care, day care, child development and education, child abuse, etc.

Other sources of information include your county's *Who's Who in Human Services* and the social service directory of your area.

By looking in your local telephone book, you may find many family help groups that are affiliated with churches and synagogues, such as:

- Interfaith Family Life Centers
- Catholic Charities
- Church Women United
- Churches United—Youth Service Homes
- Combined Jewish Philanthropies



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Another organization found in most urban communities is FISH. This is a volunteer service that provides emergency transportation, clothing, and baby-sitting when needed for individuals and families in crisis.

Agencies and Foster Care

Some agencies play a very significant role in the lives of children and parents. Agencies that place children in foster homes, homes other than those of their parents, play such a role. Agencies that deal with adoption are also influential.

Foster care is a temporary way of caring for a youngster until his or her parents work out financial, emotional, or medical problems. Foster care is a noninstitutional way of providing care. The child's keep, once he or she is placed in a temporary situation, is paid for by the agency in whose legal custody he or she remains.

The placement a foster care agency makes for a child definitely affects his or her emotional development. If the agency places the child with a family that he or she feels comfortable and compatible with, the child may thrive. If the placement is a poor match for the child and the family, the child may suffer emotional damage. Frequently foster care children have been shifted from one unhappy placement to another. This instability has traumatized many children and made them unable to make emotional attachments to others.

Kinds of Placement

There are different kinds of placements for children. The outcome of foster care for child and family could be: (1) a long period of placement (more than three months, less than total childhood), terminating in return home; (2) a long period of placement, terminating in adoption; (3) placement for the duration of childhood with minimal change; (4) repeated placements for the duration of childhood.

The first possibility represents the most desirable outcome for the child, while the last represents the least desirable one. The second and third possibilities lie between the two extremes.

Foster care agencies make an effort to support the natural family unit. They set a high value on the reunion of the child with his or her family. When these agencies find, however, that the family life of the child's parents does not improve, they do not want to return the child to his or her parents. The agencies, in this case, give full support to the foster home relationship as long as the foster parents want to continue in that role and are able to do so.

The agencies in a sense recognize and favor the "psychological parents," who serve the child's interests the best and fulfill the child's emotional and physical needs the best. The natural parents, however, can insist that their child be returned to them. Courts and legislators generally support the parents' rights, even if evidence of abuse, neglect, or indifference is available, due to the fact that there is much negative pressure against the state's taking away a parent's child.

Agencies responsible for foster care significantly affect people's lives. They help parents who can't or won't provide care for their children. They try to rehabilitate biological families in hopes of eliminating foster care or shortening it. They provide services at times of crisis. More importantly, they give children a chance for a happy home life and a chance to feel loved.



QUESTIONS

1. All families need agencies. Write a paragraph either defending or refuting this statement.
2. Go to your local library and discover what kinds of information you can obtain on family support groups in your community.

3. Call or visit an agency, church or county office; report to the class on your findings or ask an agency worker to speak to your class on their duties in the agency.
4. What is the purpose of foster care?
5. What is a shortcoming of foster care?

OTHER READING

Kline, Droza, and Overstreet, Helen Mary Forbush. *Foster Care of Children: Nurture and Treatment*. New York: Columbia University Press, 1972.

Goldstein, Joseph; Freud, Ann; and Solnit, Albert. *Beyond the Best Interests of the Child*. New York: The Free Press, 1973.

Fanshel, David. "The Exit of Children from Foster Care: An Interim Research Report." *Child Welfare*, 50. Feb. '71, p. 65–81.

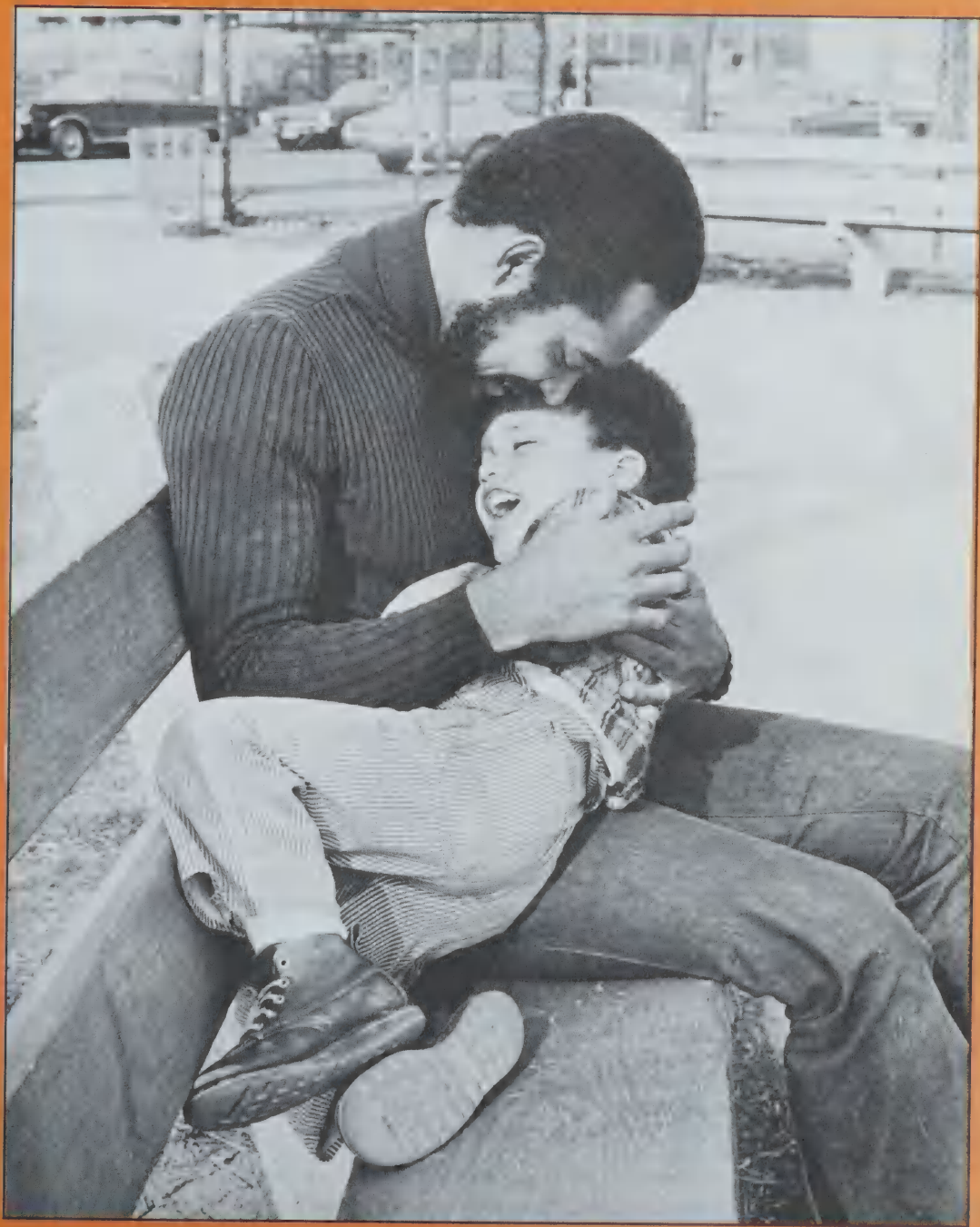
Jenkins, Shirley, and Norman, Elaine. *Beyond Placement: Mothers View Foster Care*. New York: Columbia University Press, 1975.

A PARENT'S GIFT¹

Gold and silver have I none.
What gift then can I give my son?

- I can endow him with a sense of worth.
 - I can deepen his inner security by developing self-esteem.
 - I can encourage natural talents and specific qualities.
 - I can show an understanding of other cultures and other peoples.
- I can stimulate his sense of adventure.
 - I can present to him a wide variety of experiences.
 - I can feed his natural curiosity.
 - I can help him to develop an awareness of all life around him.
- I can enrich his vocabulary.
 - I can talk with him of many things, as opposed to talking "at" him.
 - I can listen to him and welcome his unique expression of ideas.
 - I can read to him from fact and fancy, poetry and prose.
 - I can sing with him old songs and new.
- I can ignite the spark of his creativity.
 - I can kindle his imagination.
 - I can accept his new ideas.
 - I can appreciate his efforts.
 - I can provide him the raw materials with which to work.
 - I can give him time to dream.
- I can mold his character.
 - I can set a worthy example for him to follow.
 - I can motivate him toward achieving honest goals.
 - I can be reverent and hold certain values sound.
 - I can laugh with him when life tests us both.
 - I can offer him love.

1. Pauline Crabb. "A Parent's Gift." Reprinted by permission from *Young Children*, Vol. 25, No.4 (March 1970), p. 222. Copyright © 1970, National Association for the Education of Young Children, 1834 Connecticut Avenue N.W., Washington, D.C. 20009.



GLOSSARY

Aberration. A deviation from the normal state.

Abstract thought vs. concrete thought. Thinking about qualities which are apart from the particular object or event vs. thinking about the real thing or event.

Accommodation. A term that Jean Piaget uses to indicate the child's fitting what he or she has assimilated into what the situation actually is and making the changes in his or her thinking that are necessary to fit reality.

Adaptive processes. An ability to adjust to and accommodate new experiences.

Affective Behavior. Behavior concerned with feelings, such as crying, laughing.

Agencies. Organizations designed for specific purposes, such as to provide support and assistance to children and families.

Aggression. The actual attack that accompanies anger.

Alfred Adler Institute. Rudolf Dreikurs, founder of the Institute, believes children need encouragement.

Amnion. The sac that encloses the fetus. It is formed during cell division. Fluid in the amnion is called amniotic fluid.

Amoral. Outside the sphere in which moral judgments apply; non-moral.

Amphetamine. A stimulant.

Anal Stage. Second stage in the psychoanalytic theory in which the emphasis is on the anal zone.

Antibodies. Modified proteins in the blood formed in response to Rh positive cells in the blood stream of an Rh negative mother.

Apgar Score. A test given to newborns one minute after birth to determine the baby's condition.

Assimilation. A term Piaget uses to represent the taking in of the environment. The individual experiences an event as he or she perceives it, but not necessarily as it actually is.

Atmosphere. A surrounding influence or environment whether emotional or physical.

Attitude. A mental position.

Authoritarian. Obedience to authority; a rigidly controlled style of guidance.

Autonomy. In Erikson's theory of personality development it means being worthwhile, being independent.

Autosomes. Any chromosomes other than a sex chromosome. A human being has 22 pairs of autosomes and 1 pair of sex chromosomes.

Babinski Reflex. An extension of the toes when the sole of the foot of a newborn is stimulated.

Barbiturate. A compound used as a sedative or hypnotic to calm and produce sleep.

Basic Need. A fundamental necessity in the growth and development of human beings.

Carrier. A person who has an alteration of genetic material (abnormal genes) which can result in possible faulty development of his or her child.

Cartilage. An elastic tissue composing most of the skeleton of the embryo and later mostly turning into bone.

Central Nervous System. The brain and spinal cord.

Cephalocaudal. Refers to the direction of development which is from head toward foot.

Cerebellum. The part of the brain concerned with muscular coordination and equilibrium.

Cerebrum. The upper part of the brain which is concerned with emotion, intelligence, and voluntary nervous activities.

Chaining process. Occurs in motor development when individuals become more efficient in a motor activity the more they practice it.

- Chromosome.** A body in the cell nucleus that is the bearer of genes.
- Coccyx.** The end of the spine.
- Cognitive Development.** Thinking and intellectual growth.
- Concept.** A mental picture or image brought to mind by some word, event, or object which carries meaning for an individual.
- Conception (biological).** The beginning of a “being” resulting from the joining of an ovum and a sperm.
- Concrete Thought.** A term Piaget uses to define the thinking of a child from seven to twelve years of age. Characterized by problem-solving and manipulation of things.
- Congenital.** Existing at, or dating from birth.
- Conscience.** Moral excellence which is demonstrated in qualities of conduct, behavior, and standards of right and wrong.
- Conservation (concept of).** Understanding classification, reversibility, and seriation in order to think in abstract terms.
- Constellation.** Family constellation refers to the make-up of the family.
- Coordination of Secondary Schemas.** The fourth period in Piaget’s sensorimotor development. Roughly, from seven to ten months of age. The baby shows intention and true searching for an object that has disappeared from sight.
- Coping.** To contend with problems with some success.
- Cortex.** The part of the brain concerned with locomotion.
- Cortical.** The outer layer of gray matter of the brain.
- Crisis.** A decisive moment which occurs when some person or action or event produces stress and causes change.
- Crisis-prone.** Is when almost any out-of-the-ordinary event causes great stress.
- Cross Identification.** Copying or modeling the opposite sex.
- Cystic Fibrosis.** An hereditary disease of infants and young children characterized by the presence of cysts and excessive fibrous tissue in glandular organs (as the pancreas and lungs), by excess mucous secretion which causes a blocking of respiratory passages and pancreatic ducts. Also called Mucoviscidosis.

Deoxyribonucleic Acid (DNA). Chemical substance in the genes, which transmits hereditary information and controls cellular activities.

Developmental Maturation Theory. A theory of Arnold Gesell which emphasizes growth and maturation over culture and environment in child development.

Developmental Psychology Theory. A theory of Jean Piaget which includes four stages and describes the changes in children's thinking from infancy to early adolescence.

Diabetes. A disorder of carbohydrate metabolism characterized by excessive amounts of sugar in the blood and inadequate utilization of insulin.

Discipline. Setting and adhering to standards of behavior in order for children to learn and feel secure.

Discrimination. The process of distinguishing differences.

Down's Syndrome. A condition characterized by physical abnormalities and mental retardation resulting from a genetic abnormality, usually an extra twenty-first chromosome. Also called mongolism.

Dynamics. The action of forces in producing or changing something.

Ectoderm. The layer of cells from which the skin and nervous system develop.

Effective Behavior. Emotional behavior that is observable.

Egg. The female reproductive or germ cell.

Ego. The conscious part of the personality that is formed from contacts with reality. Self-esteem.

Egocentric. Regarding everything in relation to oneself; self-centered.

Ego Identification. Imitation or adoption of different aspects, attitudes, characteristics, etc., for oneself.

Embryo (human). The developing organism which is more than two weeks old, but less than eight weeks old. Not all of the organs are formed and it does not look human. The term embryo is commonly used to designate the period from fertilization to the end of the second month.

Empathy. The ability to put oneself in the situation of another person and understand how he or she feels. Empathy implies thinking and understanding more than identifying with the feeling as in sympathy.

Endoderm. The layer of cells from which the linings of the digestive tract, liver, and lungs develop.

Environment. Surroundings. Social and cultural conditions that influence life.

Etiological. The cause, or reason for. The etiological approach to something is the search for the causes.

Eustachian Tube. A tube connecting the middle ear with the nasopharynx and equalizing air pressure on both sides of the tympanic membrane.

Expedient. Apt or suitable to the end in view.

Extra-familial socialization. Directing of thinking, attitudes, customs of children by organizations outside the family.

Fallopian Tubes. Tubes leading from the vicinity of the ovaries to the uterus. Ovum is fertilized by sperm in the tubes and normally descends to the uterus. Also called oviducts.

Family Life Education. Is basically training in human relationships of which parents are the major educators.

Fantasy. The free play of creative imagination.

Fertilization. Union of sperm and egg.

Fetus. A developing human from about the third month after conception until birth. Most of the organs are formed and it looks quite human.

Fixation. Remaining at an immature stage of development.

Flexion. Bending or drawing up of muscles.

Formal Thought. A term Piaget uses to define the thinking of an individual from age twelve and on. The period of systematic, analytical thinking. Includes abstract thinking.

Foster Care. A temporary way of caring for a youngster until his or her parents work out financial, emotional or medical problems.

Gene. A unit of heredity, biochemical in nature, located in the chromosomes. Genes are usually in pairs. Each member of the pair has an interactive relationship with the other member which influences the expression of inherited characteristics.

Genetic Counseling. Scientific advice based on medical studies and family histories, concerning heredity and the risks of hereditary abnormalities or birth defects.

Geneticists. Scientists who specialize in genetics, the study of heredity.

Genetics. The science of heredity.

Glaucoma. A disease of the eye characterized by increased internal pressure producing defects in the field of vision.

Grasp Reflex. The hand closes strongly upon stimulation of palm in a newborn baby.

Grief. Emotional suffering caused by a death or other loss. Sorrow.

Guidance. Advising and directing the course of behavior and growth.

Heredity. The transfer of characteristics from parents to offspring.

Heroin. A narcotic used illegally to dull the senses or produce euphoria.

Hierarchy. Indicates ranking seriation.

Homeostasis. A steady state that an organism maintains by self-regulating adjustments.

Hormone. A chemical substance produced in one part of the body and transported to another part where it has a specific effect.

Hypertrophy. Excessive development of an organ or body part.

Hypothesize. To assume a theory or idea; to make an assumption in order to test its logical consequences.

Identification. Copying or modeling, adhering to a group; putting yourself in another person's situation.

Immunity. The ability of the body to resist disease.

Individualized Programming. An educational method for providing learning experiences which meet the unique needs, interests and maturity of each child.

Individuation. Between 5 months and 3 years, babies learn they are people separate from their mothers and vice versa.

Initiative. The ability to start something and to take the first step.

Internalize. To become a part of the person; to incorporate within oneself.

Introjection. The unconscious absorption of ideals, ideas, attitudes, and behavior.

Invention of New Means Through Mental Combinations. The sixth stage of Piaget's sensorimotor development. The child can find solutions mentally. He or she imitates, pretends, and shows insightful problem solving. According to Piaget, this period ends around 18 months.

Irrational-conscious Individual. A person whose actions are emotional rather than rational in nature.

Jealousy. The angry feeling that results when individuals are frustrated in their desire to be loved most.

Karyotype. A chart containing a person's matched chromosomes in order to determine if a defect is due to chromosomal abnormality.

Latency period. Fourth stage of psychoanalytic theory in which the child moves out away from family to peers.

Libido. In psychoanalysis, energy derived from the sex instinct.

Life Cycle. Consists of different stages of development.

Locomotion. Movement from place to place.

Love. Strong affection with unselfish and benevolent concern for the good of another.

Manipulation. Use of hands.

Maturation. Process of coming to full development.

Meconium. First material evacuated from the colon of a newborn. Consists of intestinal secretions, bile, mucous, broken-down cells, and material swallowed with the amniotic fluid.

Milieu. Environment, setting.

Moro Reflex. A startle reflex elicited by tapping on the abdomen, by lack of security of support, or by a loud noise. The infant throws out his or her arms and then brings them together in a bow.

Mutation. A change in genetic material resulting in a new characteristic that can be inherited.

Myelin. A somewhat fatty material forming a sheath about nerve fibers.

Myelination. The depositing of fat around the nerves.

Neonate. The infant from birth to two weeks old; newborn.

Neural Curve. Refers to rapid growth of nerves in prenatal state and in infancy, as contrasted with a slow growth in childhood.

Nucleotides. A single unit of nucleic acid made up of a combination of one nitrogenous base, one sugar, and a phosphate group.

Nucleus. The center and chief part of a cell containing genetic material.

Nurture. Willingness or eagerness to promote well-being and development of the loved one.

Nutrition. The process of being nourished with adequate amounts of essential foods and nutrients.

Omniscient. All-knowing.

Oral Stage. First stage of psychoanalytic theory in which the mouth is the main source of gratification.

Ordinal Position. Position in a succession, as oldest child.

Ovary. The egg-producing organ.

Ovulation. The process in which an ovum is released from an ovary.

Ovum. The female reproductive cell; the egg.

Parent Education. The training for responsibilities of parenthood.

Parent Effectiveness Training (P.E.T.). Thomas Gordon, the founder of this course believes parents can and should give up the use of power, either physical or psychological, except in an emergency.

Parenting. A function shared by all concerned with the development of children.

Parent Involvement Program (P.I.P.). This program, designed by William Glasser, holds that no helping relationship can produce behavior change unless there is a warm honest, affectionate relationship between the people involved.

Parent surrogates. Substitute parents.

Pedagogy. Systematized learning.

Peer. Same age friend; person of the same age.

Perception. Piaget's term which means "as things seem," without analyzing.

Personality. The totality of an individual's unique behavioral and emotional tendencies.

Phenomenon. Observable fact or event.

Phenylketonuria (PKU). A disease due to an inborn error of metabolism resulting in an unmetabolized amino acid remaining in the system and causing mental retardation.

Pituitary Gland. A small oval two-lobed vascular body attached to the base of the brain. This organ secretes hormones which affect growth, metabolism, blood pressure, and many other basic body functions.

Placenta. Placenta is the organ by which the fetus is nourished in the uterus. It separates from the fetus at birth.

Plantar reflex. A curling down of the toes when the sole of the foot of a baby is stroked.

Premature. Babies born early, before the pregnancy has reached full term.

Prenatal. Before birth.

Preoperational Thought. A term Piaget uses to define the thinking of a child roughly from two to seven years of age. The period of learning to see things from more than his or her own viewpoint, of gaining ability to keep more than one thing in mind, and of going from perception to formal thought.

Primary Circular Reactions. Refers to second stage of Piaget's sensorimotor intelligence in which babies learn to bring their hands to their mouth. Before this period getting their hands to their mouth is not voluntary.

Prone. Lying flat with face down.

Proximodistal. Growth and motor development proceeding from the center of the body outward.

Psychoanalytic Theory. In simplest terms, a theory concerned with what people think, feel, dream and fantasize; emphasis on the unconscious.

Psychodynamics. The effect of psychological forces on persons and by persons in a relationship.

Psychosocial Theory. Erikson's theory of personality development which divides the life cycle into eight stages.

Pubescence. The period immediately prior to puberty and the physical changes during that period which culminate in puberty.

Puberty. The period of becoming sexually mature.

Pupillary Reflex. Involuntary change in the opening of the pupil of the eye. Opening decreases in size with light.

Quiescence. At rest.

Quinine. A bitter crystalline alkaloid used to treat various diseases.

Rational-altruistic level. Highest level of moral maturity; concern for welfare of others as much as for self.

Rationale. An underlying reason.

Reflex. A response, as a movement, performed involuntarily in consequence of a nervous impulse transmitted to a muscle or gland.

Regression. Reverting to earlier pattern of behavior for gratification.

Reinforcement. In learning, it refers to strengthening an attitude, a belief, act or fact.

Responsive Parent Training Program. In this program, parents are asked to learn the principles of human behavior and then to apply them in dealing with their children's behaviors.

Retina. The light-sensitive membrane of the eye which receives the image formed by the lens and is connected with the brain by the optic nerve.

Reversibility. For Piaget it means being able to think back to the original quantity or condition or to be able to put things back together in original state.

Rh (blood type). So called because the factor was found in a rhesus monkey. If antibodies are present in a mother with Rh— blood the antibodies may destroy the blood cells of an Rh + fetus.

Rooting Reflex. When touched on the cheek or above the lips the baby opens his or her mouth and moves his or her head toward the side touched.

Rote learning. Learning by repetition as opposed to examining meanings of systems.

Schemas. For Piaget it is patterns of action such as a young baby picking up articles and putting them in his or her mouth.

Sebaceous glands. Glands of skin secreting fatty substances.

Secondary Circular Reactions. The third stage of Jean Piaget's sensorimotor development in which babies seek ways to prolong interesting phenomena. Roughly a period from four months to six months of age.

Sensorimotor Intelligence. Piaget's first stage of development. The period in which the child moves from not being able to differentiate between self and others to possessing ideas of space, time, and causality. Roughly from birth to 18 or 24 months.

Seriation. For Piaget it means being able to order groups of things by size, shades, weights, or any common property.

Sex chromosome. Sex-determining chromosomes, not occurring in identical numbers or shapes in both sexes.

Sex-limited characteristics. Those which are passed on, but expressed only in one sex—not expressed in the opposite sex.

Sex-Typing. The adoption of a sex-role preference.

Siblings. Persons having the same parent.

Sickle-cell anemia. A serious genetic disorder characterized by abnormal destruction of blood which usually afflicts Blacks.

Simple Reflex Action. The first stage in Piaget's sensorimotor development in which reflexes dominate. The baby can't reach or search for objects. There is no indication that objects are separate parts of the environment. Roughly a period from birth to one month.

Socialization. Process of adopting society's rules of behavior. It is a process oriented toward others.

Socio-dramatic play. Children imitate scenes in everyday life. They try out roles. For example, they might pretend to be truck drivers.

Somatic, or body, growth. Observable changes in physical growth such as lengthening of arms and legs, increased weight and height, and widening of shoulders and hips.

Spatial concepts. Perception of space. Indication of lessening of egocentrism.

Sperm. The male germ cell.

Sphincters. Muscles which control the retention and elimination of materials from the bladder and bowels.

Startle reflex. See Moro reflex.

Stress. An internal difficulty or strain which often occurs in times of crises and change.

Subculture. Not the main culture in a society.

Supine. Lying position with face up.

Symbiotic Period. First few months of a baby's life when he or she does not distinguish people or things as separate from himself or herself.

Syndrome. A group of symptoms and signs that occur together and characterize a particular abnormality.

Tactile. Touch sensations.

Tay-Sachs disease. Infants with this inherited disease fail to thrive, lose vision, and become mentally deficient.

Tertiary Circular Reaction. The fifth stage of Piaget's sensorimotor development. The baby tries to find new experiences. Throwing and dropping to watch the object in process is common. Roughly a period beginning at about 11 months.

Thalidomide. A drug which was used as a tranquilizer which resulted in babies being born without limbs or with deformed limbs.

Theories. A set of facts or body of principles on how children's early experiences influence their adult lives.

Time concepts. The understanding of the concept of time. Indication of lessening of egocentrism.

Tonic Neck Reflex. A reflex which includes the arm extended outward on the side to which the head is turned. The other arm is curved.

Tranquilizer. A drug that is intended to relieve mental tension and anxiety.

Uterus. A female organ for containing and usually for nourishing the young during the development previous to birth. Also called the womb.

Vagina. A canal leading from the uterus to outside of the body.

Values. Appreciating right from wrong behavior.

Venereal Disease. A contagious disease that is typically acquired in sexual intercourse.

Vernix caseosa. Cheeselike material that covers the skin of newborns. Probably protects the infant against superficial infections.

Visual Acuity. A measure of one's ability to see.

Voluntary Control. When children's muscles and nerves are adequately developed in order to be in control of their elimination during toilet training.

INDEX

- Abstract thinking:
 - games and, 233
 - fears and, 176
 - preschoolers and, 227
 - thought processes and, 38, 227, 230
- Abstract thought vs. concrete thought, 38
- Acceptance:
 - in mourning, stage of, 305
 - of child's behavior, 18
 - of new baby, 15
 - self-concept and, 237–238
 - sense of, 266
- Accommodation:
 - assimilation and, 39–40, 153–155, 168;
 - case study, 154
 - attitudes toward others developed through, 168
 - definition of, 39, 168
- Accomplishments:
 - adult reaction to, 105
 - fear and, 176
- Achievement, academic factors related to, 235–236
 - motivation for, 264
 - pressures for, 287
- Active listening, 48
- Activities, types of, 157
- Adaptation, as response to crisis, 291
- Adaptive behavior, Piaget on, 153–155
 - accommodation and assimilation as, 153–155
- Addiction, narcotic and alcohol, 188
- Adler, Alfred, Institute, 54
 - Drinker's doctrine and, 56(t)
- Adolescent, the, 278–287
 - characteristic behavior of, 220
 - concerns of, 279
 - diet of, 71
 - drugs and, 71, 309–311
 - goals and, 279–286
 - growth of, 220
 - identity vs. role confusion in, 33
 - needs of, 220, 283–286
 - physical development of, 220
 - school and, 286–287
 - sexual maturity of, 280–283
- Adulthood:
 - competency in, 19
 - definition of, 3
 - feelings of love in, 281
 - generativity vs. self-absorption in, 34
 - transition to, 285
- Adult, the:
 - drug experimentation and, 309
 - influences on character
 - formation of, 139–142;
 - case study, 141
- Affection and personal adjustment, 6
 - in character development, 241
 - show of, 192
- Agencies working for children, 326–330
 - adoption and, 329
 - child abuse and, 308–309
 - family problems and, 327
 - foster care and, 329
 - placement, kinds of, and, 330
 - sources of help and, 327–330
 - state and federal, 327–328
- Aggression, management of, 196–198
 - anger and, 196
 - definition of, 196
 - from rejection, 266
- Alliances in families, 269
- Ambivalence in sibling relationships, 195
- Amniotic fluid, 60, 66
- Amoral character type, 249, 252
- Amphetamines, 309
- Analytic thinking, steps in cognitive development, 159
- Anger:
 - aggression and, 196
 - as aid in problem-solving, 196
 - definition of, 196

- from loss of parent, 296
 - in mourning, 294
 - stage of, in dying, 305
 - unproductive expressions of, 196
- Antibodies, maternal production of, 72–73
- Anxiety:
 - after divorce, 306
 - conscience development and, 245
- Apgar test, 83
 - scoring system of, 83(t)
- Appetite of preschooler, 134
 - sleep, effect on, 138
- Arms, in prenatal development, 61, 64, 66
- Assertiveness and I-messages, 50
- Assimilation:
 - accommodation and, 39–40, 153–155;
 - case study, 154
 - attitudes toward others developed through, 168
 - definition of, 40, 168
 - in play, 156
- Attention:
 - parental, too much, 266
 - potential, role of, 238
 - to learning task, 156
- Attention span of preschooler, 127
- Attitude:
 - positive, 188
 - toilet training and, 138, 139
 - toward absent or deceased spouse, 265
 - toward others, 168
 - toward self, 168
 - toward sex, 315–318
- Authority of adults, 256
- Authority — interactive style, 157
- Autonomy:
 - development of, and mealtime, 134
 - fears and, 176
 - vs. shame and doubt, 28–29, 173–175
- Babinski reflex, 87
- Baby, new, 14–15
 - changes in family make-up with, 269
 - conception of, 318
 - individuality of, 15
- Barbiturates and prenatal development, 71
- Bargaining, stage of dying, 305
- Basic:
 - abilities of preschoolers, 151
 - needs and personality development, 176
 - needs of embryo, 59
 - skills preparation, 159
- Beecher, Henry Ward, 184
- Behavioral components of attitudes
 - toward others, 168
- Behavioral patterns:
 - in ages two to five, 127
 - mental images and, in infants, 120
 - of senior toddler, 117
- Behavior, characteristics of ages and stages, 206–220
 - affective, 164
 - as focus of discipline, 191
 - changes in, 51
 - discipline, effects on, 6, 191–193
 - effective, 164
 - environment, role of, on, 41
 - goals and, 53
 - guidance and, 6
 - justification for, 256
 - love, effects on, 192
 - moral code and, 254
 - of newborn, in food-seeking, 88
 - parenting and, 16, 249
 - principles of, 54
 - purpose of, 46
 - responsibility for, 243
 - standards of, 241, 249
 - understanding of, 53–54
- Behavior management in parent education, 46
- Bell, Alexander Graham, 293
- Birth defects:
 - drugs as cause of, 71
 - genetic counseling on, 77–78
 - inherited, 74–76
 - nutritional deficiencies as cause of, 71
- Birth, types of, 70, 72
 - of an individual, 116
 - parental acceptance and, 12

- Blood, positive and negative, 72–73
 - sickle cell anemia, disorder in, 77
 - vessels and prenatal development, 60, 61
- Body, the:
 - attitudes toward, and sex, 315
 - concept of time and, 147
 - development of, in preschooler, 127–129
 - effect on development, 203
 - interest in, 116
 - rates of growth and, 223
 - sense of self and trust related to, 107, 203
 - vocation, selection affected by, 203
- Bones:
 - prenatal development of, 63
 - preschoolers development of, 129
- Bottle-feeding, 88
- “Boy in the Middle, The,” (Coffin), 270
- Brain, the:
 - pituitary gland in, 203
 - prenatal development of, 60–61
 - preschoolers development of, 129
 - role in locomotion, 93
- Breast-feeding, 88
- Breathing:
 - after birth, 83
 - in prenatal development, 66
- Bribing and social control, 186
- Brotherhood and moral development, 254
- Buxton, Charles, 184
- Career:
 - as right of fathers and mothers, 21
 - body image and selection of, 203
 - choices, influence of teachers on, 235
 - in child care, 108
 - influence on family relationships, 9
 - of child care and home care, 21
 - of parenthood, 21
- Carlyle, Thomas, 184
- Carrier, 78
- Case studies:
 - accommodation and assimilation, 154
 - adult character formation, 141
 - aggression, 196
 - communication and respect, 169
 - fear, 177
 - guidance patterns, 187
 - jealousy, 196
 - imagination, 150
 - intellectual development, 150
 - models of behavior, 285
 - moral judgment, 243
 - nursery school, methods of instruction, 157
 - peers as teachers, 155
 - self-control, 245
 - self, sense of, 117,
 - sensorimotor development, 109
 - sibling rivalry, 268
 - space concepts, 149
 - terminal illness, 302
 - time concepts, 148
 - trust, development of, 173
- Cephalocaudal, principle of growth, 222
- Chaining process, 223
- Change:
 - attention to, by children, 146
 - crises and, 290
 - influence on family, 9–10
 - of behavior, 54–56
 - of family unit, 6, 290
 - sense of autonomy and, 174
 - to relieve stress, 291
 - with birth of baby, 15
- Character, definition of, 241
 - influences on, 241
 - See also* Character development
- Character development, 240–256
 - blocking, of, 252
 - family influences on, 241–242, 252
 - guilt in, 245
 - parents and, 21
 - stages of, 249–252
 - training in, 241
- Character types:
 - amoral, 249
 - conforming, 250
 - expedient, 249–250
 - Havighurst and Peck on, 249

- irrationally-conscientious, 251
 - oral, 139–141
 - rational-altruistic, 251–252
- Cheating and moral development, 254
 - reasons for, 255
- Child abuse, 308–309
 - adults and, 308–309
 - and neglect, 17
 - causes of, 308
 - parental anger and, 44
 - results of, 308–309
- Childbearing:
 - period of, 19
 - unplanned, 280
 - women and, 21
- Child custody:
 - after child abuse, 309
 - after divorce, 306
- Child development:
 - concepts of, 108
 - concerns of, 25
 - courses of, 4
 - family as important force in, 264
 - field of, 25
 - theories of, 25–41
- Childhood growth, rate of, 221
 - influences on adult lives, theories of, 25
- Child neglect, public disapproval of, 17
- Child rearing, personal adjustment and, 2
 - challenges of, 22
 - conscience development and, 249–252
- Children:
 - abused and neglected, 17, 308–309
 - as unique individuals, 15
 - care of home and, 21
 - comparison of, 15
 - death and, 293, 302, 305
 - friends of, 7
 - influence on parents, 25
 - order in family, 269
 - socialization of, 181–198
 - See also*, Infant;
 - Preschooler;
 - School-age child;
 - Adolescent
 - Children's stages, coping with, 20
 - Choices at early age, 267
 - Chromosomes:
 - abnormalities in, 73–76
 - analysis of, 78
 - role in heredity, 73
 - Classification and abstract thinking, 227–229
 - Classroom atmosphere,
 - importance of, 235
 - Cleanliness and toilet training, 141, 142
 - Coffin, Robert R. T., 270
 - Cognitive components of attitudes
 - toward others, 168
 - Cognitive development,
 - definition of, 112
 - intellectual functions and, 120
 - nursery school and, 155–157, 159
 - play, importance of, and, 150–155
 - substages of sensorimotor
 - development and, 120
 - Commitment to behavior plan, 53
 - Communication, 11–12,
 - about death and dying, 302–305
 - as parental responsibility, 19
 - drug experimentation and, 309
 - in problem-solving, 50
 - intellectual development and, 155
 - listening and, 12, 242
 - respect and, case study, 169
 - role in attitudes toward self, 168
 - self-concept and, 170–172(t)
 - sex education and, 313
 - to relieve stress, 291
 - Community:
 - expectations of children from, 266
 - participation of family members in, 19
 - Competition:
 - aggression and, 196
 - in families, 269
 - Concept development, 115, 152, 154–155
 - teaching and, 159
 - Conception, process of, 59–60
 - teaching about, 318
 - understanding of, 321
 - Concrete operational period, 38

- Concrete thought, 38
 - fears and, 176
- Conflict management, in parent education programs, 46
- Conforming character type, 250–251, 252
- Conscience:
 - anxiety and, 245
 - childrearing and, 249–252
 - decision-making and, 243
 - definition of, 242
 - development of, 242–244
 - fears caused by, 245
 - moral development and, 254–256
- Consequences:
 - learning from, 267
 - of behavior, 53
- Conservation:
 - abstract thinking and, 232
 - concept of, in intellectual development, 232–233
 - definition of, 37–38, 230, 232
 - stage of, 233
- Consistency in guidance patterns, 188
 - in character training, 241
- Constellation of family, 269
- Constructive discipline, benefits of, 192
- Controlled aggression, 188
- Control mechanisms of newborns, 86–87
- Cooperation, preparation for, 190
- Coordination of secondary schemas, 120
- Coping:
 - features of, 291
 - with crises and stress, 291
 - with death, 293–298
 - with dependency, 284
 - with family make-up, 269
 - with realities of life, 267
 - with siblings, 269
- Coping techniques of newborn, 88–89
- Cortex, of brain, 93
- Counseling, genetic, 77–78
- Cousins, marriage of, 77–78
- Crawling, 93, 94, 95, 96, 98
- Creeping, 95, 113
- Crime, 188
- Crises, special needs for, 289–311
 - child abuse and, 308
 - death as, 292
 - definition of, 290
 - factors determining, 291
 - help for, 327–328
 - of adolescents, 280, 309
 - positive responses to, 291–292
 - separateness as, 116
 - sources of, 290
 - stress with, 291
- Crisis-prone, definition of, 291
- Criticism, constructive, 192
- Cross-identification, 259
- Crying:
 - grief and, 300
 - in prenatal development, 66
 - of newborn, 88
- Cuddling, importance of, 89, 107
- Culture:
 - as force in identification, 264
 - standards for attractiveness in, 203
- Curriculum of nursery schools, 156–161
- Cystic fibrosis, 77
- Death, 292–305
 - concepts at 5/6 years, 299
 - concepts at 7/9 years, 299–300
 - concepts at 10/12 years, 301
 - effect on family, 292
 - explanations to avoid, 299
 - fears associated with, 293
 - grief behavior and, 305
 - of child, 297, 302
 - of parent, 297, 302
 - of pet, 298
 - reactions to, 293–298
 - talking about, 293, 294, 296–298, 302–305
- Decision-making:
 - as approach to sexual behavior, 281–283
 - practice in, 8
 - intellectual development and, 115
- Delinquency, 188

- Denial, stage of mourning, 294, 305
- Dependency:
 - coping with, 284
 - from extended education, 283
 - objects of, 165
 - of adolescents, 283
 - of infants on mothers, 142
- Depression, stage of dying, 305
- Development:
 - critical periods for, 149, 150
 - individuality of, 40–41
 - prenatal, 60–71 (diagrams)
 - sexuality and, 281
- Developmental direction, principle of, 139
- Developmental maturational theory, 40–41
- Developmental psychology, theory
 - of Jean Piaget, 36
- Developmental tasks:
 - for establishing peer relationships, 271
 - personality traits and, 142
- Developmental theory of socialization, 190–191
- Dewey, John, 185
- Diabetes, 75
 - dietary habits and, 75
- Diagnosis, developmental, 40
- Dickens, Charles, 184
- Dietary shortages, and prenatal development, 71
- Digestive tract:
 - prenatal development of, 61–66
 - waste products of, 69
- Discrimination task,
 - in cognitive development, 159
- Discipline, 6, 191–193
 - consistency in, 6
 - definition of, 6, 191
 - distraction in, 193
 - in parent education, 46
 - love-oriented, 186
 - need for, 136
 - positive approach to, 6
 - value of, 191, 193
- Distraction, use of, 193
- Divorce, 306–307
 - attitudes of parents during, 306–307
 - feelings from, 306
 - need for parental cooperation during, 306–307
 - phases of, 306
- DNA — deoxyribonucleic acid in genes, 73–74
- Dominant approach in parenthood
 - training programs, 45
- Down's syndrome, 74
- Dramatic play, 233
- Dreikurs, Rudolf, 54–56
 - doctrine according to, 56(t)
- Drugs, 309–311
 - abuse of, 309–311
 - dangers of, 311
 - family backgrounds and, 311
 - schools and, 309
- Dying, stages of, 305
- Early childhood and personality development, 28–29
 - autonomy vs. shame and doubt in, 28–29
- Early development, 59–60
- Education:
 - extended periods of, 283
 - of public, on drugs, 311
 - parents' attitudes toward, 9
 - sex, 315
- Egg (human), 60–61
 - faulty division of, 74
- Egocentricity and egocentric:
 - adults and, 147
 - character development and, 252
 - preschoolers and, 145, 146, 150
- Egocentrism, 37–38
- Ego identification, 262
 - drugs and, 309–311
- Eight, about:
 - characteristic behavior at, 214
 - physical development at, 214
 - special needs at, 214
 - See also* School age child
- Embryo, 60, 61
 - development of, 60–64
- Emerging from oneness, 112–115
- Emotion, 164–165
 - empathy and, 10–12

- fear as, 176
- jealousy as, 194–196
- love and, 6, 192
- oral drives and, 139
- preschoolers' problems with, 142
- sorrow as, 296
- See also* Emotional development;
 - Empathy;
 - Grief;
 - Jealousy;
 - Love
- Emotional development, 112, 163–179
 - attitudes and, 168
 - case study, 117
 - deprivation of, 115
 - family relationships and, 264
 - foster care and, 329
 - individuation stage in, 112
 - interdependence with social development, 164
 - mealtime atmosphere and, 134
 - of infants, 112
 - stimulation and, 112
 - symbiotic period and, 112
 - See also* Emotion
- Empathy, 12–19
 - sympathy and, 10
 - See also* Emotion
- Encouragement, 192
- Encyclopedia of Associations, 328
- Energy:
 - intake, recommended, 137(t)
 - of preschool child, 126
- Environment:
 - assimilation and accommodation and, 39–40
 - behavior development and, 41
 - child growth and, 18, 112
 - cognitive development and, 120
 - effective behavior and, 164
 - for gene expression, 75
 - for prenatal development, 70
 - heredity and, 59, 203
 - home as, 47
 - in infancy, 87–89
 - in sense of trust and mistrust, 27
 - in socialization, 188, 190–191
 - reaction to, at birth, 85
 - self-concept and, 237
 - sense of autonomy and, 174
 - sequestered, 70
- Equilibrium:
 - physical and psychological, 89
 - between accommodation and assimilation, 153
- Erikson, Erik,
 - psychosocial theory of personality development, 27–35, 173–175
- Expectations:
 - cooperation and, 192
 - of marriage, 327
 - of parenthood, 327
- Expedient character type, 249–250, 252
- Experiences, shaping effect of, 191, 237, 266, 324
 - character development and, 241
 - intellectual development and, 227
 - need for, 283–324
 - new, understanding of, 40
 - positive, 284
- Eyes:
 - contact with, 102
 - glaucoma, disease of, 77
 - of newborn, 84
 - prenatal development of, 63, 66
 - mental images and, 147
 - role of DNA in development of, 74
- Facial features, prenatal development of, 63
- Fallopian tube, 60
- Family atmosphere, 18
 - at mealtime, 134
 - family make-up and, 269
- Family, the, 266–269
 - atmosphere of, 267
 - belonging, sense of, in, 6, 266
 - biological, 330
 - changes in, 21
 - character development and, 252
 - composition of, 21, 269
 - communication in, 18, 291
 - crises and stress in, 291–292, 309, 326

- death and, 292
- decision-making by, 266
- drugs and, 309
- emotional attachments in, 266
- help groups for, 328–330
- importance of, 324
- needs of, 19
- psychological functions of, 9, 10
- recreation of, 19
- resources of, 19
- routine of, 19
- sex education and, 315–318, 324
- school and, 9
- single-parent, 9
- sizes of, 21, 266
- social status of, 266
- teaching, forces of, on, 191
- with problems, 327
- with working mothers, 21
- Family constellation, the, 269
 - definition of, 269
 - effect upon children, 269
- Family history in genetic counseling, 77–78
- Family life:
 - cycle of, 6
 - education for, from parents, 16
 - institutions and, 10
- Family life education, 4, 322
 - definition of, 324
 - sex education in, 315
- Family membership, 9
 - allies and competitors in, 269
- Fantasy, in concept of death, 301
- Fat, in prenatal development, 66
- Father, the:
 - as care-giver, 21
 - as sex-role model, 259–263
 - divorce and, 306
 - occupation of, and family, 266
 - reproductive organs of, 318
- Fear, 176–178
 - case studies, 177
 - character development and, 245
 - imagination and, 176
 - in role identification, 262
- Feeding:
 - experiences and personality development, 139
 - situation for infant, 88
- Feelings:
 - active listening and, 48
 - during grief, 294, 296, 300, 303–305
 - emotional development and, 164
 - human variety of, 168
 - positive and negative, 50
 - understanding of, 48
 - See also* Emotion
- Female:
 - chromosomal abnormalities, 74
 - chromosome, determination of, 73
 - sex-role identification and, 259–265
- Feminine traits, 259
 - pressures for, 265
- Fertility:
 - counseling for, 77–78
 - problems with, 74
- Fertilization, 60
- Fetal development, 66–70
 - See also* Fetus; Prenatal development
- Fetal-maternal body relationships, 66, 70–72
 - diagram of, 70–71
 - drug habits of mother and, 71
 - nutritional habits of mother and, 71
 - Rh factor and, 72–73
 - smoking habits of mother and, 72
- Fetus, development of, 66–70
 - Rh factor and, 72
 - survival chances and, 66
 - world of, 59, 70
- FISH, organization, 329
- Five, about:
 - characteristic behavior at, 208
 - physical development at, 208
 - special needs at, 208
 - See also* Preschool child
- Flexibility, as response to crisis, 291
- Food:
 - daily dietary allowances of, 132–133(t)

- energy needs for, 134(t)
- intake for preschoolers, 131–137
- rest and, during infancy, 89
- Food-seeking behavior, 88–89
- Formal operational period, 38
- Foster care, 309, 329–330
- Freudian theory of Sigmund Freud, 262
 - vs. social learning theory, 262
 - See also* Psychoanalytic theory
- Friends, need for, 283
 - See also* Peers and Peer Groups
- Games:
 - as means of learning, 115, 150, 233–234
 - cheating in, 255
 - competition and, 233
- Generality, 146
- Generativity vs. self-absorption in personality development, 34
- Genes, 73–78
 - abnormal, 77–78
 - abnormal carriers of, 78
 - effect on self-concept, 238
 - expressions of, in characteristics, 75–76
 - mutation of, 78
 - traits from 74–76
- Genetic counseling, 77–78
- Geneticists, 77–78
- Genital play in infancy, 116
- Gesell, Arnold, development maturational theory of, 40–41
- Glands in prenatal development, 64
- Glasser, William and parent involvement program, 51–53
- Glaucoma, 77
- Goal achievement, role in development of self-concept, 238
- Gordon, Thomas and parent effectiveness training, 46–51
- Government:
 - support, as result of early pregnancy, 280
 - support, as result of socialization, 185
- Graduate toddler stage in individuation, 119
- Grandparents:
 - love and, 166–167
 - unplanned grandchild and, 280
- Grasp reflex, 86, 102
- Gratification in socialization, 183
- Grief:
 - expression of, 294–298, 300
 - work, 296
- Growth:
 - cephalocaudal principle and, 222
 - factors affecting rate of, 92
 - of locomotion in infancy, 94–101(t)
 - of preschoolers, 127, 129
 - of school age child, 202–223
 - motor development and, 222–223
 - self-concept and, 107
 - sensory stimulation and, 89
 - stages of, in individuality of, 40
- Guidance, 186–188
 - case study, 187
 - consistency in, 188
 - discipline as, 6, 191
 - growth fostering, 8, 315
 - limit-setting, 137, 157
 - love-oriented, 186
 - parental knowledge of child care and, 25
 - reinforcement in, 188
 - sense of autonomy and, 174
- Guilt:
 - as social control, 187
 - character development and, 245
 - cheating and, 254, 256
 - conscious development and, 249, 256
 - from defying adult authority, 256
 - relief of, 256
- Hair:
 - of newborn, 84
 - prenatal development of, 66
- Hands:
 - fetal development of, 64
 - in manipulation, 102, 103
 - preference for, 103
- Havighurst, Robert, on character development, 249–252
- Head:
 - of newborn, 84

- prenatal development of, 61
 - Heart:
 - congenital defects in, 74
 - fetal rate during smoking, 72
 - prenatal development of, 60, 61
 - Help, sources and groups of, 328–329
 - Heredity:
 - diseases caused by, 77–78
 - environment and, 59, 76, 203
 - influences of, 73
 - in individual differences, 203
 - traits influenced by, 76
 - Hero worship, 263
 - Home:
 - chores and responsibilities at, 6
 - care of, with child, 21
 - emotional warmth in, 198
 - importance of, 324
 - needs from, 18
 - Home atmosphere:
 - character development and, 242
 - discipline and, 191
 - Homeostasis, 89
 - Hormone, effect on growth, 203
 - Household, sizes of, 21
 - Human milk, 88
 - Hypotheses formation in infancy, 37
- Identification, 259–265
- adolescents with adults, 284–286
 - cross, 259
 - definition of, 259–260
 - ego, 262
 - factors promoting, 263–265
 - infantile, 262
 - power theory of, 262
 - sex-role, 259
 - with human attributes, 260
 - with peers, 234
- Identity vs. role confusion, 33
- as adolescent concern, 279
- “If a Child Lives with . . .”, (Nolte), 45
- Imagination:
 - fears caused by, 176
 - in anger, 12
 - intellectual development and, 153
 - play and, 153, 233; case study, 150
- I-messages, 49–50
- delivery of, 50
 - use of, 50
 - you-messages, compared to, 49
- Imitation:
 - in preoperational stage, 37
 - toddlers’ use of, 120
- Immunization to antibodies, 72
- Incestuous wishes:
 - boys, for mothers, 262
 - girls, for fathers, 262
 - Freudian theory of, 262
- Independence:
 - in adolescence, 286
 - mealtime and, of preschoolers, 134
 - need for, 283
 - parental guidance and, 116
 - toilet training and, 139
- Individual, the:
 - discipline and, 191
 - heredity and environment and, 76
 - infants as, 112
 - love for, 195, 259
 - rate of intellectual development and, 151
 - theories of socialization and, 190–191
- Individualism of child, 40–41
- Individualize programming, 156–157
- Individuation stage, 112
- Industry, sense of, 32
- Industry vs. inferiority, 32
- Infancy, 82–120
- food and rest in, 89
 - growth patterns in, 223
 - illness and nutritional deficiencies in, 71
 - intellectual-emotional development, 111–120
 - manipulation development in, 102–105
 - newborn, the, in, 81–87
 - personality development in, 27–28
 - physical development in, 91–109
 - sense of trust in, 27, 107
 - See also* Infant, the
- Infant care, 108, 117
- Infantile identification, 262

- Infant, the, 82–120
 - adaptation to environment of, 88–89
 - effect of behavior on others, 85
 - feeding of, 88–89
 - intellectual-emotional development in, 111–121
 - needs of, 27
- Initiative, sense of, 175
 - aggression and, 196
 - fears and, 176
- Initiative vs. guilt in personality development, 30, 175
- Integration as response to crises, 291
- Integrity, sense of, 35
- Integrity vs. disgust in personality development, 35
- Intellectual development:
 - case study, 150
 - heredity and environment and, 203
 - in infancy, 111–121
 - nursery school and, 155–157
 - of preschool child, 144–157
 - of school-age child, 226–238
 - sensorimotor tasks and, 157
 - stimulation and, 112
- Intellectual-emotional development in infancy, 111–120
- Intellectual functions, 120–121
 - coordination of secondary schemas, 120
 - invention of new means through mental combinations, 120
 - object-permanence and, 120
 - primary circular reactions, 120
 - secondary circular reactions, 120
 - simple reflex action, 120
 - tertiary circular reaction, 120
- Intelligence:
 - development of, in childhood, 112
 - in infancy, 36–37
 - See also* Intellectual development
- Intelligence Quotients (I.Q.) and family size, 21
 - See also* Intellectual development
- Intercourse, sexual, 220, 318, 321
- Intimacy, establishment of, 33
- Intimacy vs. isolation in personality development, 33
- Introversion-extroversion continuum, 168
- Invention of new means through mental combinations, 120
- Involvement as response to crises, 291
- Irrationally-conscientious character type, 251, 252
- Jealousy, management of, 194–196
 - case study, 196
 - displays of, 195
 - for possession of child, 9
 - rivalry, 195
 - siblings in, 195
- Joubert, Joseph, 184
- Junior high youngsters, characteristics and needs of, 320
 - See also* School age child
- Justice, views regarding, 248
- Karyotype, 78
- Kidneys in fetal development, 66
- Labeling, of child, 192
- Language development:
 - conceptual thinking and, 159
 - parents' role in, 115
 - role in separation, 119
- Learning:
 - activities, 112
 - aggression and, 198
 - during infancy, 92
 - fears and, 178
 - from birth to six years, 112
 - from example, 241
 - group size and, 157
 - identification and, 259–265
 - models for, parents as, 192–193
 - opportunities for, 36–37
 - through games, 233–234
 - thought processes and, 227
- Learning processes:
 - accommodation and assimilation as, 153–155
 - feelings associated with, 287
- Legs, prenatal development of, 63, 64, 66

Library, as source of help, 327

Life:

- during school hours, 235
- end of, 35
- preschoolers adjustment to, 142
- reverence for, 298
- satisfactions in, from family, 21, 266

Life cycle:

- personality development and, 173
- psychosocial theory and, 26

Limb buds:

- prenatal development of, 64, 66
- thalidomide and, 71

Listening:

- active, 48
- case study, 12
- encouraging children in, 6
- importance of, 12, 242

Liver, prenatal development of, 61

Locomotion, 92–101

- adult reaction to, 93
- brain development and, 93
- developmental sequence of, in infancy, 94–101(t)

Loneliness, after divorce, 306

Longfellow, Henry Wadsworth, 184

Love:

- case study, 169
- character development and, 241
- expression of, in family, 6, 192
- grandparents and, 166–167
- in adolescence, 281
- individuals and, 195, 259
- in home life, 330
- in preschool child, 164–165
- potential, achievement of, and, 238

Love-hostility continuum, 168

Lowell, James R., 185

Lower elementary children,

- characteristics and needs of, 318–319

Lungs in prenatal development of, 61

Males:

- chromosomal abnormalities in, 75
- chromosome, determination of, 73

sex-role identification of, 259–265

Manipulation, 102–105

- grasp reflex and, 102
- development of, 102–105
- of environment, 120

Marijuana, 309

Marriage:

- expectations of, 327
- family affection and, 6
- family life cycle and, 6

Masculine traits, 259, 260

- pressures for, 265

Mastery, stages of, 150

- of toys and environment, 151

Maturation, 92

- developmentalists on, 40

Maturity:

- conscience development and, 242
- moral judgment and, 247–248
- process of, 92, 252
- sexual, 320

Maximum potential, 238

- parents' influence on, 241

Meals, appearance and atmosphere of, 134

Media:

- influence of, on parenting, 3
- influence of, on sexual behavior, 281

Medical and Health Directory, 327

Mental development

- See* Intellectual development

Mental functions,

- See* Intellectual functions

Mental retardation and chromosomal abnormalities, 74

Middle childhood, moral development in, 240–256

- See also* School-age child

Middle-class parents, 185–186

Milton, John, 184

Misbehavior, Dreikurs' goals of, 56

Miscarriages, 74

Mistrust, development of, 107

Models for identification, 192–193

- adults as, 284

- case study, 285

- learning and, 192–193

- need for, 284

- of roles, 260
- parents as, 324
- teachers as, 235, 264
- See also* Identification;
 - Role models
- Modesty, teaching of, 318
- Montessori, Maria, approach to nursery school, 157
- Moral concepts and behavior,
 - discrepancies between, 254–256
 - beliefs and, 254
 - emotional factors on, 255
 - peer group on, 254
 - rules and, 254
- Moral development in school-age child, 240–256
 - childrearing practices and, 249–252
 - critical periods for, 241
 - influence of adults on, 241–244
- Moral judgment, 242–248
 - case study, 244
 - changes in, 247–248
 - maturity and, 247–248
 - Piaget on, 242, 247–248
 - qualities of, 247–248
- Moral stability and family atmosphere, 252
- Moro reflex, 87
- Mother, the:
 - divorce and, 306
 - infant's relationship with, 107, 115, 117, 118
 - reproductive organs of, 317
 - as sex-role model, 260–265
 - unwed, 280
- Motor chaining, 223
- Motor development, 91–109
 - cephalocaudal principle of, 222
 - characteristics of various ages and stages, 92–101
 - in ages two to five, 127, 128(t), 175
 - in first two years, 116
 - physical growth and, 222–223
 - proximodistal principle of, 222–223
- Mourning, stages of, 293–305
 - acceptance in, 294
 - denial in, 294
 - needs during, 296
 - process of, 296
- See also* Death
- Mouth in prenatal development, 66
- Muscle (and muscular):
 - coordination, 129
 - prenatal development of, 63
 - preschoolers development of, 129
 - toilet training and, 139
- Mutation, of genes, 78
- Myelinated, 139
- Natural parents, rights of, 330
- Neck in prenatal development, 61
- Need(s):
 - child-rearing practices and, 324
 - for belonging, 271
 - for guidance and encouragement, 192
 - for friends, 283
 - for independence, 283
 - for models, 192–193
 - for opportunities, 283
 - for parents' love, 192
 - for touch, 89
 - of adolescents, 283–286
 - of newborns, 86
 - physical development at various ages and stages and, 205–220
 - socialization and satisfaction of, 190
 - to be needed, 283
- Negative reinforcement, in guidance, 188
- Nerve cells and Tay-Sachs disease, 77
- Nervous system:
 - growth of, in infancy, 86, 223
 - prenatal development of, 61
 - preschoolers development of, 129
 - reflexes and, 86
 - toilet training and, 139
- Neural growth, rate of, 223
- Newborn, the, 81–89
 - Apgar scores for, 83
 - brain development in, 93
 - control mechanisms of, 86–87
 - coping techniques of, 88–89
 - locomotion of, 92–101
 - needs of, 88

- physical appearance of, 84, 92
- senses of, 85
- simple reflex action in, 86–87
- size of, 85, 92
- sounds of, 88–89
- Nine, or ten, about, 216
 - characteristic behavior at, 216
 - physical development at, 216
 - special needs at, 216
 - See also* School age child
- No, learning to say, 116
- No-lose method, the, 50–51
- Nolte, Dorothy Law, 45
- Nonprofit organizations, encyclopedia of, 328
- Nucleus, 60
- Nursery school, 155–160
 - central purposes of, 160
 - developmental learning processes in, 155–157
 - individualized programming in, 156
 - methods of instruction, case study, 157
 - peer group relationship and, 271
 - purposes of, 160
 - what to teach in, 159–160
- Nurture and nurturing:
 - definition of, 165
 - in love relationships, 164–165
 - of basic abilities, 151
- Nutrition:
 - daily dietary allowances for, 132–133(t)
 - habits and diabetes, 75
 - of mother, in prenatal development, 70–71
 - preschoolers development and, 129, 130
- Object-permanence, 120
- Oedipal complex, 262
- O'Malley, Austin, 185
- Oneness, emerging from, 112–115
- Operational period of thinking, 37–38
- Oral drives and personality development, 139, 140
- Organizations, nonprofit, 328
- Organs and DNA in development, 73–74
- Others, *See* Significant others
- Ovaries, 60
- Overprotection, 174
- Ovulation, 60
- Ovum, 60
- Oxygen, transmitted to fetus, 72
- Parent-child relationship, the:
 - activities fostering, 88, 115
 - aggression and, 196
 - character development and, 242
 - empathy and, 10
 - factors affecting, 25
 - feeding and, 88
 - parenthood training and, 44, 52
 - sex-role identification and, 259
- Parent effectiveness training (P.E.T.), 46–51
 - approach of, 47(t)
 - Gordon, Thomas, on, 46–47
- Parenthood, 58–76
 - as constructive experience, 22
 - challenges of, 20, 22
 - enjoyment of, 19
 - expectations of, 327
 - marital relationship and, 6
 - myths of, 16
 - responsibilities of, 16–19, 241
 - training for, 43–56
- Parenthood education, 4–5
 - definition of, 4
 - goals of, 4–5
 - major programs of, 43–56
- Parenthood training programs, 43–56
 - common goal of, 44
 - need for, 44
- Parent involvement program (P.I.P.), 51–53
 - Glasser, William, on, 51–53
 - steps of, 53
- Parents and Parenting, 2–22
 - as behavior models, 192–193, 241, 252
 - as individuals, 8, 26
 - as teachers, 6, 107, 192, 315, 324
 - attitudes toward absent or deceased, 265
 - basic guidelines for, 5–8
 - character development and, 241–242
 - child abuse and, 308–309
 - cold, 242
 - community involvement in, 3

contribution to society, 108
 death of child and, 302–305
 definition of, 3
 discipline and, 191–193
 divorce and, 306–307
 identification and, 262, 265
 influence of, on children, 21–22, 25, 51, 168, 267, 324
 influence of, on self, 22
 institutions and organizations as, 3
 love for children, 192, 267
 moral development and, 254
 nonrejecting, 249
 over-protective, 266
 rejecting, 266
 responsibilities of, 19(t)
 rights of, 8
 self respect of, 25, 44, 108, 168, 192
 sibling rivalry and, 196
 tasks of, 8, 55
 teaching right from wrong by, 7, 241, 242
 trust, sense of, 27, 174
 use of power, 46, 187, 262
 warm, 242

Parent surrogates, 263–264
 definition of, 264
 identification with, 263
 scouting and, 264
 teachers as, 235, 262

Patterns-of-action in intellectual development, 152

Peck, Robert, on character development, 249–252

Peekaboo, 107, 112, 114, 115

Peers and Peer Group, 271–273
 approval, from 256
 as teachers, case study, 154
 drug experimentation and, 309
 identification with, 234
 learning from, 150, 233–234, 155, 157
 moral development and, 254–256
 need to belong to, 271
 parenting from, 4
 sex education from, 315
 social behavior and, 271
 status in, 255

Penis, 318

Perception:

field of, 107
 in children's thinking, 146, 152
 of space, 148
 self-concept and, 238, 324
See also Perceptual development

Perceptual development, Piaget on, 152

Personality development:

attitudes toward others and, 168
 autonomy vs. shame and doubt in, 28–29, 173–175
 emotional expressions and, 176
 Erikson on, 173–175
 factors related to, 186
 feeding and, 88
 generativity vs. self-absorption, 34
 identity vs. role confusion, 33
 industry vs. inferiority, 32
 initiative vs. guilt, 30, 175
 integrity vs. disgust, 35
 intimacy vs. isolation, 33
 socialization and, 181
 trust vs. mistrust, 27, 173

Person permanence, 37

Physical:

abuse of children, 308–309
 appearance of newborn, 84–85

Physical development, 91–109, 126–142, 202–223

characteristics of various ages and stages, 203–221
 energy needs and, 137(t)
 heredity and environment and, 203
 in infancy, 91–109
 motor development and, 127, 222–223
 of manipulation, 102–105
 of preschooler, 126–142
 of school-age child, 202–223
 toilet training and, 138, 139

Piaget, Jean, 36, 120, 321–322

intellectual development, stages of, and, 321–322
 on assimilation and accommodation, 39–40
 on concrete operational period, 38, 146
 on formal operational period, 38
 on moral development, 242, 247–248

- on preoperational period, 37–38, 146
 - on schemas, 152, 153
 - on sensorimotor period, 36–37, 120
- Pituitary gland, effect on growth, 203
- Placement for foster care, 330
- Placenta, 60
- Placental barrier, 60
- Plantar reflex, 87
- Play, 233–234
 - adult-prescribed, 150
 - arguing and, 233
 - assimilation and, 153
 - constructive, 159–160
 - dramatic, 159–160
 - egocentricity of, 154
 - in operational period, 37
 - learning and, 115, 150, 160, 239, 273
 - object permanence and, 120
 - self-initiated, 150
 - with toes, 95
- Play age and personality development, 30
- Positive reinforcement of behavior, 54
 - in guidance, 188
 - in responsive parent training, 54
- Potential, 112
 - achievement of, 238
 - parental influence on, 241
- Power:
 - physical, 188
 - sexual, 188
 - social influence of, 188
 - struggles between parent and child, 55
 - types of, 188
 - wisdom and, 188
- Power theory of identification, 262
- Praise in character development, 242
 - for accomplishments, 105
 - for success, 53
- Preadolescent, the:
 - characteristic behavior of, 218
 - physical development of, 218
 - special needs of, 218
 - See also* School-age Child
- Pregnancy, 58–73
 - unwanted, 322
- Premarital sex, 283
- Premarital tests, 78
- Premature birth, 72
- Prenatal environment, 60
 - See also* Prenatal development
- Prenatal development, 60–78
 - abnormalities in, 77–78
 - characteristics of fetal ages in, 67–71(t)
- Preoperational period, 37–38, 145
- Preschool child, 125–198
 - behavior of, 206–208
 - emotional development of, 163–178
 - intellectual development of, 144–160
 - nursery school and, 155–157
 - needs of, 206–208(t)
 - physical development of, 126–130, 206–208
 - social development of, 180–198
- Pressure for achievement, 192
 - from culture, 264
- Pretending, 120
- Primary circular reactions, 120
- Problems:
 - as cause of stress, 291
 - family acknowledgement of, 291
 - in chromosomes, 73–78
 - in parental personality, 108
 - See also* Problem-solving
- Problem-solving:
 - aggression and, 196
 - guidance and, 8
 - hypotheses in, 37
 - in parent training programs, 46
 - methods of, 291
 - owner identification in, 47
 - process of, in family, 19
 - steps to, in no-lose method, 50
 - toddlers use of, 120
- Property, destruction of, 256
- Proximodistal principle of growth
 - and motor development, 222–223
- Psychoanalytic theory:
 - early environment, influence on adult character, 139
 - Freud, Sigmund and, 262
- Psychological parents, 330
- Psychosocial theory of Erik Erikson, 26

stages of personality development, 26–35

Puberty, rate of growth, in, 223

Pubescence, *See* Preadolescence

Punishment:

- behavior and, 53
- moral judgment and, 248
- parent involvement program and, 53
- physical, 186, 198

Quinine in prenatal development, 71

Rational-altruistic character type, 251, 252

Reactions of infants and toddlers:

- coordination of secondary schemas, 120
- invention through mental combinations, 120
- primary circular reactions, 120
- secondary circular reactions, 120
- simple reflex, 120
- tertiary circular reactions, 120

See also Infancy

Reasoning, 146

See also Intellectual development

Reciprocation and restitution, justice of, 248

Recognition, of child, 32

Reflexes:

- in infants and toddlers, 120
- in newborns, 86, 87
- prenatal development of, 66

Reinforcement:

- administering of, 188
- as recognition, in character development, 241
- negative, 188
- of desirable behavior, 193
- positive, 188

Relationships:

- change with additional children, 269
- development of, in family, 266, 315
- in cross identification, 261
- in family life education, 324
- love in, 164–167
- parent-child, 25, 88, 115, 242, 260
- sexual, 283
- sibling, 269

Relatives:

- affection for, 192

- marriage of, 77–78
- relationships with, 89, 165

Reproduction, 318, 321–322

- guidelines for parental discussion of, 322

Reproductive cells, 60

- division errors of, 74

Resources:

- for help, 327–329
- parental responsibilities and, 19

Respect:

- for child, 7
- for others, 7–8
- for parents, 8
- for schools and teachers, 9
- potential achievement and, 239

Responsibility:

- for own actions, 298
- in adulthood, 252

Responsible behavior in parent education, 46

Responsive parent training program, 54

Rest, and food, 131–137

Retribution, justice of, 248

Reversibility:

- concept of, in intellectual development, 231
- definition of, 37, 231
- in preoperational period, 38

Rewards, *See* Reinforcement

Rh factor in prenatal development, 72–73

Right and wrong, teaching of, 7, 241, 242

Rivalry:

- in families, 269
- jealousy and, 194
- sibling, 195–196; case study, 268

Role models:

- child abuse and, 308
- adults as, 284
- grandparents as, 167
- parents as, 19, 260
- relatives and teachers as, 265
- sex-linked characteristics with, 260–265

Role playing and dramatic play, 233

- intellectual ability and, 233

Rooting reflex, 88

Rules:

- accepting and internalizing, 243

- arguing and, 233
- discipline and, 6
- disobeyed, 255
- irrational-conscious individuals and, 252
- moral judgment and, 242, 254
- parents' and, 254
- Runabouts, the:
 - characteristic behavior of, 206
 - physical development of, 206
 - special needs of, 206
 - See also* Preschool child
- Sandburg, Carl, 283
- Schemas, 152
- School:
 - dropout, 286
 - educational objectives of, 287
 - grief behavior and, 300
 - home as, 324
 - negative effects of, 287
- School age child, the, 201–273
 - intellectual development of, 226–238
 - moral development of, 240–256
 - personality development of, 32
 - physical development of, 202–223
 - social development of, 258–273
- School and adolescents, 286–287
 - cheating in, 255
 - family and, 9, 10
 - See also* Nursery school
- School success, 235–236
 - factors related to, 236
- Scouting, 264
- Secondary circular reactions, 120
- Security, feelings of:
 - discipline and, 191
 - in family, 266
 - in role fluctuations, 316
 - parents' provision of, 165
 - sense of trust and, 107
- Selective memory as force in identification, 265
- Self and growth, sense of 107
 - case studies, 117
- Self-concept:
 - adolescent parenting and, 280
 - attitudes and, 168, 237
 - body image and, 203
 - character development and, 251–252
 - communication and, 170–172(t)
 - child abuse and, 308
 - factors shaping, 237
 - oral drives satisfaction and, 139
 - parents' influence on, 139, 238
 - separateness and, 118
 - significant persons, influence on, 174, 238
- Self-control, development of:
 - autonomy and, 174
 - moral development and, 244
 - parenting behavior and, 198
 - case study, 245
- Selfishness, 256
- Self, the:
 - attitudes toward, 168
 - body image and, 203
 - nurturing of, 165
 - sense of, 174, 296
 - thinking of, 146
 - See also* Self-concept
- Semen, 318
- Senescence in personality development, 35
- Senior high students, characteristics and needs of, 320–321
- Senior toddler stage, of individuation, 117–119
- Senses:
 - of newborn, 85
 - thinking and, 36–37
- Sensorimotor development, 36–37, 107–109
 - case study, 109
 - nursery school and, 159
 - programmed learning and, 157
 - substages of, in cognitive development, 120
- Separateness:
 - of graduate toddler, 119
 - of senior toddler, 118
- Separation, 112–114, 115
 - experiments in, 116
 - response to, 117
- Seriation, concept of, in intellectual development, 231

Seven, about:

- characteristic behavior at, 212
- physical development at, 212
- special needs at, 212
- See also* School age child

Sex:

- attitudes toward, 315–318
- chromosomes, 73
- experimentation with, 316
- in the media, 281
- See also* Sex education

Sex-controlled characteristics, 75

Sex education at various school levels, 314–324

- guidelines for, 322
- importance of, 322–324
- parents' role in, 316
- peers' role in, 316
- stages of understanding reproduction and, 321–322

Sex-modified characteristics, 76

Sex organs in prenatal development, 61

Sex-role identification, 259–265

Sex typing, 259–265

Sexual:

- behavior and identification, 260–263
- growth, rate of, 223
- maturity, 33, 280
- desires of adolescents, 279

Sexual behavior, 280–283

- choices associated with, 283
- control of, in adolescence, 280–283
- in child, 315–316
- influences on, 281
- responsibility and, 280–283

Sexuality:

- adolescents and, 280
- sex education and, 315

Shame and doubt, sense of, 173–175

- as social control, 187

Sibling rivalry, 194–196

- case study, 268
- universality of, 269

Siblings, in family make-up, 269

Sickle cell anemia, 77

Sight, *See* Vision

Significant others, 273

sex-role identification and, 259

social development and, 273

Simple reflex action, 120

Six, about:

- characteristic behavior, 210
- physical development at, 210
- special needs at, 210
- See also* School-age child

Skin in prenatal development of, 66

Sleep:

- eating habits and, 134
- needs of preschoolers, 134, 137
- problems with, 118
- See also* Food and rest

Smile, sign of socialization, 181

Smoking:

- affects on unborn babies, 72
- oral drives, satisfaction of, and, 139

Social classes, 185, 186

intelligence and, 203

Social control in guidance, 187–189

Social development, 180–198, 258–273

- during life cycle, 173
- emotional development and, 164
- psychosocial theory and, 26
- sex-role identification and, 259–265

Social-dramatic play, 233

Social identity, sources of:

- family as, 266–267
- family constellation and, 269–270
- peer group as, 271–273
- significant others as, 273

Socialization, 180–198

- culture and, 184–186
- family size and, 266
- intellectual development and, 152–155
- philosophies of, 184–185
- results of, 185
- steps in, 179–183
- theories of, 190–191
- with peers, 155, 157

Social learning theory, 190–191

of identification, 259–262

Social responses, steps in socialization, 181–183

Social status, *See* Social classes

- Society:
 family functioning and, 10
 provision of financial support to adolescent parents, 280
 See also Government
- Somatic growth, 223
- Sorrow, expression of, in mourning, 296
 models for handling, 296
- Sounds, of newborn, 88–89
- Space concepts at various ages and stages, 148
 case study, 149
 of preschool child, 148–149
- Spatial relationships, 115, 149
- Specialist in child growth and development, 185
- Sperm cells, 318
 definition of, 60
- Spinal cord in prenatal development, 61
- Spouses, absent or deceased, transmission of attitudes toward, 265
 See also Marriage
- Stages of children and understanding, 20
 developmentalists on, 40
 See also Coping;
 Physical development
- Standards, *See* Guidance
 Discipline
- Startle reflex, 87
- Stimulation:
 during locomotion, 93
 of infant, 107
 sensory, 89
- Stranger anxiety, 115
- Stress, 290–291
 at birth, 85
 in family, 291, 327
 relief of, 291
- Support groups, 327
- Swallow, in prenatal development, 66
- Symbiotic period, 112
- Sympathy and family functioning, 10
 See also Emotion
- Syndrome, 74
- Systems development and DNA, 74
- Tables:
 Adolescent, needs of, 220
- Apgar scoring, 83
- characteristics of fetal ages, 67–69
- daily dietary allowances of food, (RDA), 132–133
- doctrine according to Dreikers, 56
- eight, about, needs of, 214
- five, about, needs of, 208
- food intake recommended for energy, 134
- growth of locomotion in infancy, 94–101
- motor development, 128
- needs change with growth, 206–220
- nine or ten, about, needs of, 216
- nursery school, methods of instruction, 170–172
- parental responsibilities, 19
- P.E.T. Approach, the, 47
- preadolescent, needs of, 218
- preschool child, needs of, 206–208
- runabouts, needs of, 206
- self-concept and communication, 170–172
- seven, about, needs of, 212
- six, about, needs of, 210
- Talking:
 about death, 296–298, 300
 between parent and child, 52–53
 to babies, 107
- Taste:
 buds in prenatal development, 66
 sensitivity in preschoolers, 134
- Tay-Sachs disease, 77
- Teach, the question of what to, 159–160
- Teachers:
 as models, 235
 of nursery schools, 157
 parents as, 6, 107, 192, 315, 325
 See also Schools
- Teeth in fetal development, 66
- Ten, or nine, about, 216(t)
 characteristic behavior at, 216
 physical development at, 216
 special needs at, 216
 See also School age child
- Terminal illness, 302–305
 case study, 302
 feelings associated with, 302–305
- Tertiary circular reaction, 120

- Thalidomide and prenatal development, 71
- Theories, of child development, 25–41
- Thinking, 150
 - development of, 36–40
 - dimensions of, 154–155
 - formal, 38
 - of preschool child, 145–148
 - Piaget on, 321–322
 - See Also* Intellectual development; Thought processes
- Thought processes, 227–233
 - as abstract, 38
 - classification and, 227
 - concepts and, 231–233
 - development of, 36–40
 - examples of, 228–229
 - learning and, 227
 - adults and, 227
- Thoughtfulness of others, 192
- Time:
 - at play, 235
 - in parenting, 6, 52, 242
 - to cope with loss, 294
- Time concepts at various ages and stages, 147
 - case study, 148
 - See also* Time
- Toddler, 116–119
 - graduate, 119
 - senior, 117–119
- Toilet training, 138–139
- Tolerance, development of, 249
- Toys:
 - as sensory experiences, 107
 - intellectual development and, 150
 - in understanding object permanence, 120
- Tragedy, 296
- Traits:
 - feminine and masculine, 259–260
 - role of environment on, 75
 - with high status in peer group, 271
 - See also* Father; Mother
- Tranquilizers, 309
- Trust:
 - basic, 7
 - case study, 173
 - development of in infancy, 89
 - fears and, 176
 - in character development, 241
 - in friends, 283
 - sense of, in infancy, 107
 - vs. mistrust, 27, 173
- United States Government Manual, 328
- Uterus, 59, 60, 70, 317
- Umbilical cord, 60
- Upper elementary children, characteristics and needs of, 320
- Vagina, 317, 318
- Values:
 - conscience development and, 249
 - influence of teachers on, 235
 - sexual behavior and, 280
 - transmission of, 51
 - See also* Conscience
- Venereal diseases and adolescent sexual behavior, 280
- Vision:
 - by mental images, 146–147
 - field of, 115
 - visual acuity and, 74
- Vitamins and minerals in prenatal development, 71
 - See also* Nutrition; Prenatal development
- Vocation, selection of and body influence on, 203
- Voluntary control in toilet training, 138
- Walking, development of:
 - in first year, 96, 97
 - in second year, 98, 99, 100, 101
 - See also* Locomotion
- Warmth, of parents, 242

Water sac in prenatal environment, 60

See also Prenatal development

Who's Who in Human Services, 328

Womb, 317

Women:

as employed mothers, 21

childbearing and, 21

Work as contribution to human welfare, 159–
160

Working-class parents, 185–186

See also Social classes

Yolk sac, in prenatal development, 60

You-messages, 49

Young adulthood and personality
development, 33

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